

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000022523

1. Entity Name
D & O BUSINESS & SERVICES LLC



Principal Place of Business

5639 NW 113 CT
MIAMI, FL 33178

Mailing Address

5639 NW 113 CT
MIAMI, FL 33178

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JAN 24 AM 10:10

DO NOT WRITE IN THIS SPACE

07052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
61-1403421

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ MEJIA, OLGA MARIA
5639 NW 113 CT
MIAMI, FL 33178

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 7, 2005

REINSTATED 05-06

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GONZALEZ MEJIA, OLGA MARIA
5639 NW 113 CT
MIAMI, FL 33178

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

000061339040
02/01/06--01089--017 **150.00

000061339040
11/10/05--01033--002 **50.00

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/18/2005 (305) 978 8437

Date

Daytime Phone #