

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007486

FILED  
Feb 09, 2006  
Secretary of State

Entity Name: DOSAL DELIVERIES, LLC

**Current Principal Place of Business:**

4775 N.W. 132 STREET  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

100 SE 2ND STREET  
34TH FLOOR  
MIAMI, FL 33131 US

**New Mailing Address:**

FEI Number: 56-2343998      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BIPC CORPORATE REGISTERED AGENTS, INC.  
100 SE 2ND STREET  
34TH FLOOR  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DEAL, MARGARITA  
Address: 4775 NW 132 ST  
City-St-Zip: OPA LOCKA, FL 33054

Title: MGR ( ) Delete  
Name: DEAL, GEORGE  
Address: 4775 NW 132 ST  
City-St-Zip: OPA LOCKA, FL 33054

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DOSAL, MARGARITA  
Address: 4775 NW 132 ST  
City-St-Zip: OPA LOCKA, FL 33054

Title: MGR (X) Change ( ) Addition  
Name: DOSAL, GEORGE  
Address: 4775 NW 132 ST  
City-St-Zip: OPA LOCKA, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARGARITA DOSAL      MGR      02/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date