

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007486

Entity Name: DOSAL DELIVERIES, LLC

FILED  
Feb 15, 2008  
Secretary of State

**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:**

100 SE 2ND STREET  
SUITE 1600  
MIAMI, FL 33131 US

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:**

F & L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 US

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: WILLIAM E. DAVIS

02/15/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

02/15/2008

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