FILED
Apr 12, 2006 08:00 AM
Secretary of State

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000010393

1. Entity Name
DOD, LLC

Principal Place of Business
8622 MAGNOLIA ST.
GIBSONTON, FL 33534

Mailing Address
8622 MAGNOLIA ST.
GIBSONTON, FL 33534

DO NOT WRITE IN THIS SPACE

04082006No Chg-LLC CR2E083 (11/05)

4. FEI Number
03-0441883

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WATERS, CODY W
501 EAST KENNEDY BLVD., STE. 1700
TAMPA, FL 33602

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $60.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DAVIS, ROBERT T III
STREET ADDRESS	1532 GRACE MEADOWS LN
CITY-ST-ZIP	SMYRNA, GA 30082
TITLE	MGRM
NAME	OTTA, JAMES
STREET ADDRESS	1532 GRACE MEADOWS LN
CITY-ST-ZIP	SMYRNA, GA 30082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/06-80123-021 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert T Davis 1/9/06 8137447888
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #