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**FILED**
**Jun 23, 2003 8:00 am**
**Secretary of State**
05-06-2003 90059 007 ****50.00

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L02000010393**

1. Entity Name
DOD, LLC

44004929

| Principal Place of Business | Mailing Address |
|---|---|
| 8522 MAGNOLIA ST.<br>GIBSONTON, FL 33534 | 8522 MAGNOLIA ST.<br>GIBSONTON, FL 33534 |

[redacted]

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 03-044883 ☐ 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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

[redacted]

| 9. MANAGING MEMBERS/MANAGERS | 10. ADDITIONS/CHANGES |
|---|---|
| TITLE MEM<br>NAME DAVIS, II, ROBERT T.<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete<br>☐ Change ☐ Addition<br>MANAGING MEMBER |
| TITLE MEM<br>NAME DAVIS, III, ROBERT T.<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete<br>☐ Change ☐ Addition<br>~~PARTNER~~<br>1532 GRACE MEADOWS LANE<br>SYMRNA, GA 30082 |
| TITLE MEM<br>NAME OTTA, JAMES<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete<br>☐ Change ☐ Addition<br>~~PARTNER~~ MANAGING MEMBER<br>1532 GRACE MEADOWS LANE<br>SYMRNA, GA 30082 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete<br>☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete<br>☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete<br>☐ Change ☐ Addition |

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: Robert T Davis 4/29/03 8137077888

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E023 (10/02)