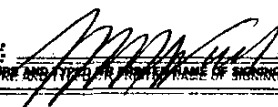


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 21, 2007 8:00 am
Secretary of State

08-21-2007 90048 004 ****55.00

DOCUMENT # L02000011467 1. Entity Name DOBIE, LLC		
Principal Place of Business 201 GALEN DR. #216 KEY BISCAYNE, FL 33149		Mailing Address 201 GALEN DR. #216 KEY BISCAYNE, FL 33149
DO NOT WRITE IN THIS SPACE		
2. Name and Address of Current Registered Agent BIELISH, JULIO 201 GALEN DR. #216 KEY BISCAYNE, FL 33149 NEW ADDRESS: 575 CRANDALL BLVD #912 KEY BISCAYNE, FL 33149		DO NOT WRITE IN THIS SPACE
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 registering DATE _____		
Filing Fee is \$50.00 Due by September 14, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIELISH, JULIO 201 GALEN DR. #216 KEY BISCAYNE, FL 33149	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BIELISH, MIGUEL 201 GALEN DR. #216 KEY BISCAYNE, FL 33149	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 149, 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:  Julio I Bielich 8/15/07 305 365-9547 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		



08152007 No Chg-LLC

GR2E083 (11/05)

4. FEI Number
43-1968340

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required