



FILED

03 OCT 29 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10103179

2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # L02000028945</b>			
1. Entity Name <b>D &amp; O HEALTH ENTERPRISES, LLC</b>			
Principal Place of Business <b>16459 N.E. 6TH AVENUE NORTH MIAMI, FL 33160</b>		Mailing Address <b>16459 N.E. 6TH AVENUE NORTH MIAMI, FL 33160</b>	
2. Principal Place of Business <b>16459 NE 6TH AVE.</b>		3. Mailing Address <b>16459 NE 6TH AVE.</b>	
City & State <b>NORTH MIAMI, FL</b>		City & State <b>NORTH MIAMI, FL</b>	
Zip <b>33162</b>		Zip <b>33162</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FET Number <b>470892375</b>		Applied For <b>Not Applicable</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>DE CHARLES, CLAUDE 16459 N.E. 6TH AVENUE NORTH MIAMI, FL 33160</b>		7. Name and Address of New Registered Agent <b>Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code</b>	
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 _____			
9. MANAGING MEMBERS / MANAGERS			
NAME DE CHARLES, CLAUDE STREET ADDRESS 16459 N.E. 6TH AVENUE CITY-ST-ZIP NORTH MIAMI, FL 33160	<input type="checkbox"/> Delete	NAME DE CHARLES, CLAUDE STREET ADDRESS 16459 N.E. 6TH AVENUE CITY-ST-ZIP NORTH MIAMI, FL 33160	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME DOE, JEFFERSON STREET ADDRESS 16459 N.E. 6TH AVENUE CITY-ST-ZIP NORTH MIAMI, FL 33160	<input type="checkbox"/> Delete	NAME DOE, JEFFERSON STREET ADDRESS 16459 N.E. 6TH AVENUE CITY-ST-ZIP NORTH MIAMI, FL 33160	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME [Blank]	<input type="checkbox"/> Delete	NAME [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME [Blank]	<input type="checkbox"/> Delete	NAME [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME [Blank]	<input type="checkbox"/> Delete	NAME [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME [Blank]	<input type="checkbox"/> Delete	NAME [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME [Blank]	<input type="checkbox"/> Delete	NAME [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Add
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.703(1), Florida Statutes. I further certify that the information included 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 authorized business empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		4/30/03	

292

October 24, 2003

FLORIDA DEPARTMENT OF STATE

**Glenda E Hood**

Secretary of State

Division of Corporations

Subject: **D & D HEALTH ENTERPRISES, LLC**

Reference: **L02000026945**

Please be advised, that I never intended to dissolve the corporation by not filing the annual uniform business report. To the contrary you office acknowledged receiving the application along with the \$ 150 00 fees. However, the application was sent back to my office requesting my Federal Employer Identification (FEI) number in Block 4 before being filed.

The correction was made and the form mailed back to your office within 1 week. I never received any further correspondence from your office concerning the matter until the arrival of this Certificate of Administrative Dissolution or Revocation of this Corporation.

Attached is a copy of your letter dated May 23, 2003 Acknowledging receipt of the application, \$150.00 fees, corrected copy with (FEI) as well as the Certificate of dissolution. I would like to bring to your attention that we do not wish to dissolve this Corporation and would greatly appreciate the Re-instatement of this Corporation as soon as you possibly can.

Sincerely,



Dr. Claude D-Charles, D.C