

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90038 031 ****50.00

DOCUMENT # L03000012563					
1. Entity Name DADO, LLC					
Principal Place of Business 432 S. BABCOCK STREET MELBOURNE, FL 32901-1276			Mailing Address 432 S. BABCOCK STREET MELBOURNE, FL 32901-1276		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04152005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 90-0063036				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEZZEMINTI, JERRY 432 S BABCOCK STREET MELBOURNE, FL 32901-1276			Name JAMES H. FALLACE Street Address (P.O. Box Number is Not Acceptable) 1900 S. HICKORY ST SUITE A City MELBOURNE FL Zip Code 32901		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEZZEMINTI, JERRY J JR 432 S BABCOCK ST MELBOURNE, FL 32901	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEZZEMINTI, ALEXANDER 432 S BABCOCK ST MELBOURNE, FL 32901	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ 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: _____		JERRY J. PEZZEMINTI JR.		4/15/2005 321-723-0651	
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					