

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011652

FILED  
May 19, 2009  
Secretary of State

**Entity Name:** DIMAR AND BROTHERS, LLC

**Current Principal Place of Business:**

C/O CLINO MED, INC.  
3271 NW 7TH ST  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CLINO MED, INC.  
3271 NW 7TH ST  
MIAMI, FL 33125

**New Mailing Address:**

FEI Number: 20-0716756      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BOHATCH, JOHN S ESQ  
2600 DOUGLAS RD, PENTHOUSE 8  
CORAL GABLES, FL 33134      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SAADE, MARISOL  
Address: 3271 NW 7TH ST  
City-St-Zip: MIAMI, FL 33125

Title: MGR      ( ) Delete  
Name: DIAZ, SANTIAGO  
Address: 3271 NW 7TH ST  
City-St-Zip: MIAMI, FL 33125

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARISOL SAADE

MGR

05/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date