2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018189

Entity Name: DODE, LLC

Address:

City-St-Zip:

FILED Jan 06, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|---|--------------------------------|---|---------------------------------------|
| | FLORES DRIVE TON, FL 33433 | | | |
| Current Mailing Address: | | | New Mailing Address: | |
| | FLORES DRIVE TON, FL 33433 | | | |
| FEI Number: | : | FEI Number Applied For () | FEI Number Not Applicable (X) | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | |
| 6437 LAS | DONALD B FLORES DRIVE TON, FL 33433 | | | |
| | named entity su e of Florida. | bmits this statement for the p | ourpose of changing its registere | d office or registered agent, or both |
| SIGNATUR | RE: | | | |
| | Electronic | Signature of Registered Age | ent | Date |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | |
| Title: Name: Address: City-St-Zip: | MGRM () E DELUCIA, DONAI 6437 LAS FLORE BOCA RATON, FI | .D B S DRIVE | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: | () [| elete | Title: MGRM Name: DELUCIA. S | ()Change(X)Addition SUSAN M |

Address:

6437 LAS FLORES DRIVE

City-St-Zip: BOCA RATON, FL 33433

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: DONALD B. DELUCIA MGRM 01/06/2009