

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90269 005 ***138.75

60018372



03272008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000022054			
1. Entity Name D'KOTA, L.L.C.			
Principal Place of Business 240 OLD FEDERAL HWY 120 HALLANDALE, FL 33009		Mailing Address 240 OLD FEDERAL HWY 120 HALLANDALE, FL 33009	
2. Principal Place of Business - No P.O. Box # 2660 NE 189 ST.		3. Mailing Address 2660 NE 189 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State, MIAMI & FLORIDA		City & State MIAMI & FLORIDA	
Zip 33179	Country	Zip 33179	Country
4. FEI Number 90-0217243		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LARRY J. BEHAR, P.A. 888 SOUTHEAST THIRD AVENUE, SUITE 400 FORT LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name MOISES GAMPOL Street Address (P.O. Box Number is Not Acceptable) 2660 NE 189 ST. City MIAMI FL Zip Code 33179	
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 <i>Moises Gampol</i>		DATE 03/24/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR MOISES, GAMPOL P 21400 NE 19 AVE NORTH MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR MOISES, GAMPOL P 21400 NE 19 AVE NORTH MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Moises Gampol</i>		DATE: 03/24/08 7864865680	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	