

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046186

Entity Name: DOSSE SERVICES LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

7839 SW 195 TERRACE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

7839 SW 195 TERRACE
MIAMI, FL 33157

New Mailing Address:

FEI Number: 20-1275876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAZ, SELVIN
7839 SW 195 TERRACE
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: PAZ, SELVIN
Address: 7839 SW 195 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: MGRM () Delete
Name: MANTILLA, DOUGLAS
Address: 7839 SW 195 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: MGR () Delete
Name: ORQUERA, MARIA DEL CARMEN
Address: 7839 SW 195 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

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

Title: S () Change (X) Addition
Name: MANTILLA, STEFANY
Address: 7839 SW 195 TERRACE
City-St-Zip: MIAMI, FL 33157

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: MANTILLA DOUGLAS

MGRM

04/14/2009

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