

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066458

Entity Name: DOMICOVE LLC

FILED  
Apr 15, 2009  
Secretary of State

**Current Principal Place of Business:**

11965 SW 142 TERR  
SUITE, 107  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

11965 SW 142 TERR  
SUITE, 107  
MIAMI, FL 33186 US

**New Mailing Address:**

FEI Number: 80-0123269

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

Z. PAOLA GUERRERO, P.A.  
12515 N. KENDALL DRIVE  
SUITE 314  
MIAMI, FL 33186 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: MGR ( ) Delete  
Name: DOMERCANT, JEAN ROBERT R  
Address: 16054 SW 150TH STREET  
City-St-Zip: MIAMI, FL 33196

Title: MGR ( ) Delete  
Name: DOMERCANT, MARIE RENEE M  
Address: 16054 SW 150TH STREET  
City-St-Zip: MIAMI, FL 33196

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DOMERCANT, JEAN ROBERT R  
Address: 11965 SW 142 TERR SUITE 107  
City-St-Zip: MIAMI, FL 33186

Title: MGR (X) Change ( ) Addition  
Name: DOMERCANT, MARIE RENEE M  
Address: 11965 SW 142 TERR SUITE 107  
City-St-Zip: MIAMI, FL 33186

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: JEAN DOMERCANT

MAGR

04/15/2009

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