

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001193

Entity Name: DOLARIS LLC

FILED
Jun 10, 2008
Secretary of State

Current Principal Place of Business:

260 CRANDON BLVD.
SUITE 9
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

1029 SEVILLA AVENUE
CORAL GABLES, FL 33134 US

Current Mailing Address:

260 CRANDON BLVD.
SUITE 9
KEY BISCAYNE, FL 33149 US

New Mailing Address:

1029 SEVILLA AVENUE
CORAL GABLES, FL 33134 US

FEI Number: 06-1827917 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:

SOMARRIBA, ARISTIDES
260 CRANDON BLVD.
SUITE 9
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

SOMARRIBA, ARISTIDES
1029 SEVILLA AVENUE
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: ARISTIDES SOMARRIBA

06/10/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SOMARRIBA, ARISTIDES
Address: 260 CRANDON BLVD. #9
City-St-Zip: KEY BISCAYNE, FL 33149 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SOMARRIBA, ARISTIDES
Address: 1029 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

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: ARISTIDES SOMARRIBA

MGR

06/10/2008

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