2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# L05000001475

Entity Name: DOBALT,LLC

Current Principal Place of Business:

4876 RED BRICK RUN
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

4876 RED BRICK RUN
SANFORD, FL 32771

New Mailing Address:

FEI Number: 52-2448702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOMINGUEZ, CARLOS L MD
1857 PROVIDENCE BOULEVARD
DELTONA, FL 32725 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:	DOMINGUEZ, CARLOS L MD	
Address:	4876 RED BRICK RUN	
City-St-Zip:	SANFORD, FL 32771 US	
Title:	MGRM	( ) Delete
Name:	BALLET, LOURDES V DDS	
Address:	10185 COLLINS AVENUE # 320	
City-St-Zip:	BAL HARBOUR, FL 33154 US	
Title:	MGRM	( ) Delete
Name:	DOMINGUEZ, HAZAEL J	
Address:	4876 RED BRICK RUN	
City-St-Zip:	SANFORD, FL 32771 US	
Title:	MGRM	( ) Delete
Name:	DOMINGUEZ, RAYNNEL H	
Address:	4876 RED BRICK RUN	
City-St-Zip:	SANFORD, FL 32771 US	
Title:	MGRM	( ) Delete
Name:	DOMINGUEZ, IO'MITZI J	
Address:	4876 RED BRICK RUN	
City-St-Zip:	SANFORD, FL 32771 US	

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

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: CDA MD 01/07/2008

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