

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001475

Entity Name: DOBALT,LLC

FILED
Jan 11, 2009
Secretary of State

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

PRES

01/11/2009

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