	DOG LIMITED LIA		211124 2)		FILED Feb 22, 2006 8:00 am
Entity Narr	MENT # L050000147	·	·· .		Secretary of State 02-22-2006 90109 046 ****50.00
Principal Plac	ce of Business	Mailing Address		COD BELIEV	-
120 INLET DRIVE ST. AUGUSTINE FL 32084 US		120 INLET DRIVE ST. AUGUSTINE FL 32084 US			
2. Principal Place of Business		3. Mailing Address (SAML AS Abore)		e)	T JERUKUS DIA DENEJ DIKA ODAA DOMA DOMA DOMA MANA DIRA KARIB MUKA LAUDA MANA DIRA KARIB MUKA KARIBA MA KEDA
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E083 (10/05)
City & State		City & State			4. FEi Number Applied For 26-0107525 Not Applic
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired S5.00 Additional Fee Required
	6. Name and Address of Curren	l Registered Agent	····	Name	7. Name and Address of New Registered Agent
MATTHEW HANNA CONSTRU 912-1 VENTURA AVE. LEESBURG FL 34748		CTION INC.		· · · · · · · · · · · · · · · · · · ·	(P.O. Box Number is Not Acceptable)
				City	FL Zip Code
. The above	a named entity submits this statement f	or the purpose of changing i	ts registere	ed office or register	e ■ eed agent, of both, in the State of Florida. I am familiar with, and acc
the obligat	tions of registered agent.			F A	28/2006
IGNATURE	Signature, typed or printed name of registered agen	Land tite if applicable. (NC	DTE: Repsicred	1 Agent signature requires	/
		Make Check Paya	NOW !!! die to Flo	EE IS \$50.00 brida Departme by 1, 2006	ant of State
) <u>.</u>	MANAGING MEMB	a second and a second	10.	<u> Helder Berger</u>	ADDITIONS/CHANGES
IFLE IAME STREET ADDRESS STY-ST-ZIP	MGRM MATTHEWS, MARC T SR. 120 INLET DRIVE ST. AUGUSTINE FL 32084	Delete			🗌 Change 🔛 Ada
THE ADDRESS	ST. AUGUSTINE EL 32004	Delete	TITLE		Change Adv
ITY-ST-ZIP			CATY	- ST - ZIP	
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ITLE		[] Delete		e et address	🗋 Change 🗌 Ad
NAME STREET ADDRESS					
STREET ADDRESS CITY - ST - ZIP	certify that the information supplied w	ith this filing does not qualify	v for the ex	-ST-ZIP	ed in Section 119, Florida Statutes. I further certify that the informati
IREET ADDRESS ITY-ST-ZIP 1. hereby	certily that the information supplied w d on this report is true and accurate ar ability company or the ecciver or trus	nd that my signature shall be	y for the example.	emptions containe	ed in Section 119, Florida Statutes. I further certify that the informati if made under oath; that I am a managing member or manager of t apter 608, Florida Statutes.

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