

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022083

FILED
Apr 20, 2009
Secretary of State

Entity Name: DOK, LLC

Current Principal Place of Business:

1645 SE 3RD CT, ADMIRAL BLDG, STE 214
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

1645 SE 3RD CT, ADMIRAL BLDG,
SUITE 214
DEERFIELD BEACH, FL 33441

Current Mailing Address:

1645 SE 3RD CT, ADMIRAL BLDG, STE 214
DEERFIELD BEACH, FL 33441

New Mailing Address:

1645 SE 3RD CT, ADMIRAL BLDG,
SUITE 214
DEERFIELD BEACH, FL 33441

FEI Number: 75-2305280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COKER, RICHARD G JR, ESQ
1404 S ANDREWS AVE
FT LAUDERDALE, FL US

Name and Address of New Registered Agent:

COKER, RICHARD G JR, ESQ
1404 S ANDREWS AVE
FT LAUDERDALE, FL 33316 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:

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THIES, WILLIAM F
Address: 1645 SE 3RD CT, ADMIRAL BLDG, STE 214
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: MGRM () Delete
Name: WOOD, BRENDAN M
Address: 821 N.W. 75TH TERRACE
City-St-Zip: PLANTATION, FL 33317

Title: MGRM () Delete
Name: WOOD, JAMES W
Address: 821 N.W. 75TH TERRACE
City-St-Zip: PLANTATION, FL 33317

Title: MGRM () Delete
Name: THIES, JESSICA T
Address: 68 FIESTA WAY
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: THIES, PAIGE N
Address: 186 MANCEAUX RD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: MGRM () Delete
Name: ROTHMAN, ALEXA N
Address: 186 MANCEAUX RD
City-St-Zip: WEST PALM BEACH, FL 33405

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
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City-St-Zip:

Title: () Change () Addition
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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: WILLIAM F. THIES

MGRM

04/20/2009

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