


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90033 027 ***143.75

DOCUMENT # L05000043945		
1. Entity Name DOTZ, LLC		

Principal Place of Business 10012 NE COUNTY ROAD 1469 EARLTON, FL 33631	Mailing Address P.O. BOX 472 EARLTON, FL 32631-0472
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60029598



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04232008 Chg-LLC CR2E083 (12/06)

4. FEI Number
NOT-APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARIET, MARIO 10012 NE CTY RD 1469 EARLETON, FL 32631		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MGRM	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARTHUR, MICHAEL G			NAME			
STREET ADDRESS	577 SE 5TH AVE			STREET ADDRESS			
CITY-ST-ZIP	MELROSE, FL 32666			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	Partner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPINDLER, MARC			NAME	Marc Spindler		
STREET ADDRESS	577 SE 5TH AVE			STREET ADDRESS	21101 NE County Rd. 1469		
CITY-ST-ZIP	MELROSE, FL 32666			CITY-ST-ZIP	Earleton, FL 33631		
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	Partner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEENY, JOHN			NAME	John Sheehy		
STREET ADDRESS	577 SE 5TH AVE			STREET ADDRESS	21101 NE County Rd. 1469		
CITY-ST-ZIP	MELROSE, FL 32666			CITY-ST-ZIP	Earleton, FL 33631		
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	Managing Partner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARIET, MARIO A			NAME	Mario Ariet		
STREET ADDRESS	577 SE 5TH AVE			STREET ADDRESS	21101 NE County Rd. 1469		
CITY-ST-ZIP	MELROSE, FL 32666			CITY-ST-ZIP	Earleton, FL 33631		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

MARIO ARIET

4-23-08 352.468.2021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #