

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90081 046 \*\*\*\*50.00

60034555



<b>DOCUMENT # L05000066680</b> 1. Entity Name <b>DOMINOCHI, LLC</b>																													
Principal Place of Business <b>9619 W. YULEE DR. HOMOSASSA, FL 34448</b>			Mailing Address <b>9619 W. YULEE DR. HOMOSASSA, FL 34448</b>																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-3157269</b>																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent  <b>VENGROFSKI, WILLIAM F 7250 RED OAK LOOP NEW PORT RICHEY, FL 34654</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____																													
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGRM</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BURLEY, ALLEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4727 MCHENRY WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLEASANT, CA 94566</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGRM</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change    <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>William Vengrofski</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7250 Red Oak Loop</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Newport Richey, FL 34654</td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	BURLEY, ALLEN		STREET ADDRESS	4727 MCHENRY WAY		CITY-ST-ZIP	PLEASANT, CA 94566		TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	William Vengrofski		STREET ADDRESS	7250 Red Oak Loop		CITY-ST-ZIP	Newport Richey, FL 34654	
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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.																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b>           SIGNATURE AND TYPED _____       </div> <div style="width: 20%; text-align: center;"> <b>ALLEN BURLEY</b>  <b>CEO/President</b> </div> <div style="width: 30%; text-align: right;"> <b>4/7/07</b>          Date       </div> <div style="width: 10%; text-align: right;"> <b>(516) 979-9971</b>          Daytime Phone #       </div> </div>																													