2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000079313

1. Entity Name
DOMO, LLC

Principal Place of Business	Mailing Address
853 SE MONTEREY COMMONS BLVD. STUART, FL 34996 US	853 SE MONTEREY COMMONS BLVD. STUART, FL 34996 US

01222008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

KRAMER, ROBERT S
853 SE MONTEREY COMMONS BLVD.
STUART, FL 34996

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000799738
01/30/08-80080-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ABELL, DAVID
STREET ADDRESS	853 SE MONTEREY COMMONS BLVD.
CITY-ST-ZIP	STUART, FL 34996
TITLE	MGRM
NAME	KRAMER, ROBERT S
STREET ADDRESS	853 SE MONTEREY COMMONS BLVD.
CITY-ST-ZIP	STUART, FL 34996
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Dd Abell 1-22-08 561-575-6588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #