

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90100 046 ***138.75

DOCUMENT # L05000086506

1. Entity Name
DUTASAL, LLC



Principal Place of Business

121 NE 24TH TER
CAPE CORAL, FL 33909 US

Mailing Address

P.O. BOX 151149
CAPE CORAL, FL 33915 US



04182008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3420434

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUQUE, JESSICA
121 NE 24TH TER
CAPE CORAL, FL 33909

**DO NOT WRITE
IN THIS SPACE**

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MULTIMIND GROUP, INC.
STREET ADDRESS P.O. BOX 151149
CITY-ST-ZIP CAPE CORAL, FL 33915

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 606, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

4/18/08