2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000114222

1. Entity Name
DINORA LLC

Principal Place of Business	Mailing Address
908 NORTHEAST 8TH STREET POMPANO BEACH, FL 33060 US	116 DUNBURY DRIVE SUMMERVILLE, SC 29485 US

DO NOT WRITE IN THIS SPACE

01222008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-3901488	Not Applicable

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

6. Name and Address of Current Registered Agent

RADA, MICHAEL P
908 NORTHEAST 8TH STREET
POMPANO BEACH, FL 33060

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

U00000869944
04/09/08-80070-013 138.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RADA, CHARLES F
STREET ADDRESS	116 DUNBURY DRIVE
CITY-ST-ZIP	SUMMERVILLE, SC 29485

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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 _____ CHARLES F. RADA   1/24/2008   843-871-2386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #