

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092485

FILED
Jul 12, 2007
Secretary of State

Entity Name: DULCE, LLC.

Current Principal Place of Business:

5 HIGH STREET
MAHWAH, NJ 07430 US

New Principal Place of Business:

3950 WOOD AVE
MIAMI, FL 33133 US

Current Mailing Address:

5 HIGH STREET
MAHWAH, NJ 07430 US

New Mailing Address:

3950 WOOD AVE
MIAMI, FL 33133 US

FEI Number: 20-5597150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CRONIG, STEVEN C ESQ.
3250 MARY STREET
SUITE 307
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROTHERS, REBECCA
Address: 8505 HANNUM AVE.
City-St-Zip: CULVER CITY, CA 90230 US

Title: MGRM () Delete
Name: LOZADA, EVELYN
Address: 5 HIGH STREET
City-St-Zip: MAHWAH, NJ 07430 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROTHERS, REBECCA
Address: 3950 WOOD AVE
City-St-Zip: MIAMI, FL 33133 US

Title: MGRM (X) Change () Addition
Name: LOZADA, EVELYN
Address: 3950 WOOD AVE
City-St-Zip: MIAMI, FL 33133 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: REBECCA BROTHERS

MGRM

07/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date