

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092485

FILED  
May 17, 2008  
Secretary of State

Entity Name: DULCE, LLC.

**Current Principal Place of Business:**

3950 WOOD AVE  
MIAMI, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

3950 WOOD AVE  
MIAMI, FL 33133 US

**New Mailing Address:**

FEI Number: 20-5597150      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

**Name and Address of New Registered Agent:**

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

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: 3950 WOOD AVE  
City-St-Zip: MIAMI, FL 33133 US

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BROTHERS, REBECCA  
Address: 822 MILAN AVE  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

05/17/2008

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