

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056732

FILED
Mar 20, 2009
Secretary of State

Entity Name: DOUGH DEVELOPERS OF FLORIDA, LLC

Current Principal Place of Business:

19239 DALE MABRYHWY N STE 312
LUTZ, FL 335485067

New Principal Place of Business:

Current Mailing Address:

19239 DALE MABRYHWY N STE 312
LUTZ, FL 335485067

New Mailing Address:

FEI Number: 77-0687606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECKER, SCOTT PARTNER
19239 N. DALE MABRY
SUITE 312
LUTZ, FL 335485067 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: AJMO, GLENN E
Address: 11912 MIDDLEBURY DR. STE 312
City-St-Zip: LUTZ, FL 33626

Title: MGRM () Delete
Name: DECKER, SCOTT F
Address: 9350 WELLINGTON PARK CIR.
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: GAUDINEER, JON S
Address: 19109 LARCHMONT DR. N STE 312
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AJMO, GLENN E
Address: 86 BROOKSIDE TER.
City-St-Zip: NORTH CALDWELL, NJ 07006

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

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: GLENN AJMO

MGRM

03/20/2009

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