


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State

05-16-2008 90186 005 ***138.75

DOCUMENT # L07000091281	
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1. Entity Name
O.T.D. DONUTS, LLC

Principal Place of Business
900 US HIGHWAY 1
SEBASTIAN, FL 32958 US

Mailing Address
900 US HIGHWAY 1
SEBASTIAN, FL 32958 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0865507

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPOTE, BEATRIZ M ESQ.
799 BRICKELL PLAZA
SUITE 700
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME FIGUEIREDO, DANNY
STREET ADDRESS 900 US HIGHWAY 1
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME FIGUEIREDO, ANTERO
STREET ADDRESS 900 US HIGHWAY 1
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #