


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

7. Aug 11, 2008 8:00 am
Secretary of State

07-14-2008 90096 036 ***138.75

DOCUMENT # L07000099760			
1. Entity Name DOM BIZ, LLC			
Principal Place of Business 27036 LAUREL CHASE LN WESLEY CHAPEL, FL 33544		Mailing Address 27036 LAUREL CHASE LN WESLEY CHAPEL, FL 33544	
2. Principal Place of Business - No P.O. Box # 2945 E Bay Dr.		3. Mailing Address 2945 E Bay Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Largo, FL		City & State Largo, FL	
Zip 33771		Zip 33771	
Country USA		Country USA	
4. FEI Number 26-1173301		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JEFFREY A. DOWD, P.A. 609 W. LUMSDEN RD. BRANDON, FL 33511		7. Name and Address of New Registered Agent Name: JEAN C. DOMINIQUE Street Address (P.O. Box Number is Not Acceptable): 27036 Laurel Chase Ln. City: Wesley Chapel FL Zip Code: 33544	
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: <i>Jean C. Dominique</i> (NOTE: Registered Agent signature required when resigning)			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOMINIQUE, JEAN C 27036 LAUREL CHASE LN WESLEY CHAPEL, FL 33544 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER Manager <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Managing Member DOMINIQUE, ABY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR managing member DOMINIQUE, ABY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5260 98 Ave N Pinellas Park, FL 33782 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Jean C. Dominique</i>		Date: 7/8/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	