

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 04, 2008 8:00 am**  
**Secretary of State**

08-04-2008 90054 021 \*\*\*138.75

<b>DOCUMENT # L07000109471</b> 1. Entity Name <b>DANDOR SERVICES LLC</b>			
Principal Place of Business <b>4722 WHITE BAY CIRCLE WESLEY CHAPEL, FL 33545 US</b>		Mailing Address <b>2725-1 SERVICE ROAD 54 B-14 BOX 522 WESLEY CHAPEL, FL 33544 US</b>	
2. Principal Place of Business - No P.O. Box # <b>35720 SE 54</b>		3. Mailing Address <b>2725-1 SE 54</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>B-14 BOX 522</b>	
City & State <b>Wesley Hills, FL</b>		City & State <b>Wesley Chapel, FL</b>	
Zip <b>33541</b>		Zip <b>33545</b>	
Country <b>Pasco</b>		Country <b>Pasco</b>	
4. FEI Number <b>26-1320103</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DOTEL, CATHELINE B 4722 WHITE BAY CIRCLE WESLEY CHAPEL, FL 33545</b>		7. Name and Address of New Registered Agent Name Address (P.O. Box Number is Not Acceptable) City & State Zip Code <b>FL</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOTEL, CATHELINE B 4722 WHITE BAY CIRCLE WESLEY CHAPEL, FL 33545	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIDALGO, HUMBERTO 4722 WHITE BAY CIRCLE WESLEY CHAPEL, FL 33545	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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>Catheline B Dotel</i>		Date: <i>7/30/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: <i>(813) 780-1398</i>	

*(813) 732-1114*