2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

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ANNUAL REPORT							LED		
DOCUMENT # L10000119765 ·						L_ 11	トロリ		
1. Entity Nan	ne DODS, LLC								
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Principal Plac	ce of Business	Mailing Address			1,	SECRETAF ALLAHAS:	Y OF STA	ΓE	
2555 COLLI	INS AVENUE	2555 COLLINS AVENUE			,	ALLAHAS:	SEE. FLOR	ĺĎΑ	
2008 MIAMIREAC	H, FL 33140 US	2008 Miami Beach, Fl. 33140 US						}	
I WILLIAM DEAG		MINIMI DENGT, LE 33140 03							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05152012	Chg-LLC	CR2E083 (1		
City & State		City & State		4. FEI Number 27-4347	069			Applicable	
Zip	Country ,	Zip Coun		ntry	5. Certificate of Sta			D Addit equired	
	8. Name and Address of Current F	· · · · · · · · · · · · · · · · · · ·			7. Name and Address of New Registered Agent				
DE VURR	E, VICTOR H	Name							
	CKELL AVENUE	Str		Street Address (P.O. Box Number i	s Not Acceptable)		
MIAMI, FL	_ 33131								
}				City		-	FL Zi	Code	,
	named entity submits this statement for tions of registered agent,	the purpose of changing if	ts register	ed office or register	ed agent, or both,	in the State of Flo	rida. I am familia	r with, a	ind accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE Registered Agent signature required when reinstating) DATE									
	\$138,75	Ind dae in applications, Into	/ Nagratore	a regard agriculture required		2000年10日	April Bart & James	a	भारतातु । भारतातु ।
FILE NOW!!! FEE IS \$528.75 Due by September 28, 2012						Make	check payabl Department of	State	
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/			3.71.
TITLE	MGRM	☐ Delete	TITL	•				hange	☐ Addition
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NAME			NAMI						
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	cartify that the information expedied with	this filling done not qualify f			in Chanter 149 F	Inrida Statutas 16	rthac cortifu the	he info	metion
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 employeered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNAT		P.	\mathcal{Y}_{l}	U,D		rado (a	2 Hale	PN	500m
SIGNATURE	E AND TYPED OR PRINTED NAME OF STOLANG MAN	AGING MEMBER, MANAGER, OR	AUTHORIZE	REPRESENTATIVE	DATE	E-MAIL	ADDRESS		
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