

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000005405

**FILED**  
**Apr 05, 2005**  
**Secretary of State**

**Entity Name:** DARK DOG NORTH AMERICA LLC

**Current Principal Place of Business:**

P.O. BOX 1438  
HALLANDALE, FL 33008

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1438  
HALLANDALE, FL 33008

**New Mailing Address:**

**FEI Number:** 37-1500373

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRANKOVIC, SHANE  
21075 NE 34TH AVENUE UNIT 404  
AVENTURA, FL 33180 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: FRANKOVIC, SHANE  
Address: 21075 NE 34TH AVENUE  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHANE FRANKOVIC

MGRM

04/05/2005

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