

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058292

**FILED**  
**Feb 23, 2009**  
**Secretary of State**

**Entity Name:** DOG CIAO, LLC

**Current Principal Place of Business:**

999 BRICKELL BAY DRIVE  
1907  
MIAMI, FL 33131

**New Principal Place of Business:**

436 MADEIRA AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

999 BRICKELL BAY DRIVE  
1907  
MIAMI, FL 33131

**New Mailing Address:**

436 MADEIRA AVENUE  
CORAL GABLES, FL 33134

**FEI Number:** 26-0322815

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

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

SIERRA, CARMEN J  
999 BRICKELL BAY DRIVE  
1907  
MIAMI, FL 33131 US

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

SAMUELS, HARRY M  
2901 STIRLING ROAD  
307  
FT LAUDERDALE, FL 33312 US

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: HARRY M SAMUELS

02/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SIERRA, CARMEN J  
Address: 999 BRICKELL BAY DRIVE #1907  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SIERRA, CARMEN J  
Address: 436 MADEIRA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HARRY M SAMUELS

RA

02/23/2009

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