

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000087578

**Entity Name:** DOSMEN LLC

**Current Principal Place of Business:**

1779 MARKHAM GLEN CIRCLE  
LONGWOOD, FL 32779

**Current Mailing Address:**

P.O. BOX 520063  
LONGWOOD, FL 32750

**FEI Number:** 30-0506681

**Certificate of Status Desired:** No

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

BURKE, JASMINE M  
1779 MARKHAM GLEN CIRCLE  
LONGWOOD, FL 32779 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BURKE, JASMINE M  
Address 1779 MARKHAM GLEN CIRCLE  
City-State-Zip: LONGWOOD FL 32779

Title MGRM  
Name BURKE, DONALD A  
Address 1779 MARKHAM GLEN CIRCLE  
City-State-Zip: LONGWOOD FL 32779

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JASMINE BURKE

MGRM

05/01/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date