


FILED
Jun 05, 2007 8:00 am
Secretary of State

5/3

05-03-2007 90256 036 ****61.25

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000054636			
1. Entity Name D & A ENTERPRISES, LLC			
Principal Place of Business 5335 SOUTHERLY WAY SARASOTA, FL 34232		Mailing Address 5335 SOUTHERLY WAY SARASOTA, FL 34232	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOMELDORPH, HOWARD 7648 LOCKWOOD RIDGE ROAD SARASOTA, FL 34243		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinitiating) _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CALZAVARA, DANTE 5335 SOUTHERLY WAY SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RECANATESI, ANDREA 8302 BLAIKIE COURT SARASOTA, FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: DANTE CALZAVARA		Date: 5-29-07	Daytime Phone #: 941-350-6974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

30009892



04102007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0500004

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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