


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90020 001 ****55.00

DOCUMENT # L05000002664					
1. Entity Name D & C, LLC					
Principal Place of Business 2323 CENTERVILLE ROAD TALLAHASSEE, FL 32308			Mailing Address PO BOX 12006 TALLAHASSEE, FL 32317		
2. Principal Place of Business 1927 Mallory Square Suite, Apt. #, etc.			3. Mailing Address 1927 Mallory Square Suite, Apt. #, etc.		
City & State Tallahassee, FL			City & State Tallahassee, FL		
Zip 32308		Country US		4. FEI Number 20-2140313	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORDELL, JOE W JR 2323 CENTERVILLE ROAD TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1927 Mallory Square City Tallahassee FL Zip Code 32308		
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 reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CORDELL, JR., JOE WILSON TRUSTEE PO BOX 12006 TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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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: _____ DATE _____ Daytime Phone # _____					