

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113589

**FILED**  
**Apr 12, 2009**  
**Secretary of State**

**Entity Name:** D. AREND ENTERPRISES, LLC

**Current Principal Place of Business:**

987 AUBURN RD  
VENICE, FL 34293

**New Principal Place of Business:**

408 OLIVIA RD.  
VENICE, FL 34293

**Current Mailing Address:**

987 AUBURN RD  
VENICE, FL 34293

**New Mailing Address:**

408 OLIVIA RD.  
VENICE, FL 34293

FEI Number: 26-1769855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AREND, DAVIN  
987 AUBURN RD  
VENICE, FL 34293 US

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

AREND, DAVIN B M  
408 OLIVIA RD.  
VENICE, FL 34293 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: DAVIN AREND

04/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: AREND, DAVIN  
Address: 987 AUBURN RD  
City-St-Zip: VENICE, FL 34293

Title: MGRM (X) Delete  
Name: PATTON, TIM  
Address: 987 AUBURN RD  
City-St-Zip: VENICE, FL 34293

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: AREND, DAVIN  
Address: 408 OLIVIA RD.  
City-St-Zip: VENICE, FL 34293

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

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: DAVIN AREND

MGR

04/12/2009

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