

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000042826

**Entity Name:** D & D MANAGEMENT SERVICES LLC

**Current Principal Place of Business:**

3918 SW 48TH AVENUE  
PEMBROKE PINES, FL 33023

**Current Mailing Address:**

2500 NW 79TH AVENUE  
169  
DORAL, FL 33122

**FEI Number:** 26-4793948

**Certificate of Status Desired:** No

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

THE GENESIS FIRM LLC  
2500 NW 79TH AVENUE  
DORAL, FL 33122 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 AMBR  
Name DA SILVA, DANNY  
Address 3918 SW 48TH AVENUE  
City-State-Zip: PEMBROKE PINES FL 33023

Title AMBR  
Name DA SILVA, NURBIS  
Address 3918 SW 48TH AVENUE  
City-State-Zip: PEMBROKE PINES FL 33023

Title MGR  
Name DA SILVA, DANNY  
Address 3918 SW 48TH AVENUE  
City-State-Zip: PEMBROKE PINES FL 33023

Title MGR  
Name DA SILVA, DANNY F  
Address 3918 SW 48TH AVENUE  
City-State-Zip: PEMBROKE PINES FL 33023

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NURBIS DA SILVA

AMBR

04/29/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date