

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000047199

Entity Name: D.L.L.P., LLC

Current Principal Place of Business:

516 SOUTH ORANGE STREET
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

504 SOUTH ORANGE STREET
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 46-5215440

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIS, VALERIE G
504 SOUTH ORANGE STREET
NEW SMYRNA BEACH, FL 32168 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 DAVIS, VALERIE G
Address 504 SOUTH ORANGE STREET
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title AMBR
Name DAVIS, KEVIN C
Address 504 SOUTH ORANGE STREET
City-State-Zip: NEW SMYRNA BEACH FL 32168

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: VALERIE G DAVIS MD

OWNER

01/24/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date