

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90352 015 ****55.00

DOCUMENT # L00000000935

1. Entity Name

D & D SERVICES, LLC



Principal Place of Business

6631 LURE COURT
LAKE WALES FL 33853

Mailing Address

PO BOX 69
DUNDEE FL 33838-0069



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6524 Rocky Pt. Rd.

P.O. Box 69

City & State

City & State

Lake Wales FL

Dundee FL

Zip

Country

Zip

Country

33898-

USA

33838-0069

1st MOORE

CR2E083 (10/04)

4. FEI Number

59-3634459

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAXTER, DAVID WAYNE
6631 LURE COURT
LAKE WALES FL 33853

Name

Baxter, David, Wayne

Street Address (P.O. Box Number is Not Acceptable)

6524 Rocky Pt. Road.

City

Lake Wales

FL

Zip Code

33898

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

David Wayne Baxter

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-25-05

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **P** ☒ Delete
NAME **BAXTER, DAVID W**
STREET ADDRESS **6631 LURE COURT**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **Baxter, David W** ☒ Change ☐ Addition
NAME **6524 Rocky Pt. Rd.**
STREET ADDRESS **Lake Wales FL 33898**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

David Wayne Baxter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-25-05 (863) 287-5077