



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000012680		
1. Entity Name D & D, L.L.C.		
Principal Place of Business 301 YAMMATO RD STE 100 BOCA RATON, FL 33431	Mailing Address 301 YAMMATO RD STE 100 BOCA RATON, FL 33431	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BENAIM, ALBERTO 20910 VIA OLEANDER UNIT 2 BOCA RATON, FL 33428		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENAIM, ALBERTO 20910 VIA OLEANDER UNIT 2 BOCA RATON, FL 33428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		ALBERTO BENAIM, PRES. 01/12/06
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1060046

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

000000418298
02/14/06-80001-022 50.00

**DO NOT WRITE
IN THIS SPACE**