

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004012

Entity Name: DOUBLE D BAKERY, L.L.C.

FILED  
May 21, 2007  
Secretary of State

**Current Principal Place of Business:**

803 DONALD ROSS ROAD  
JUNO BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

803 DONALD ROSS ROAD  
JUNO BEACH, FL 33408

**New Mailing Address:**

FEI Number: 65-1099482      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CAPOTE, BEATRIZ M ESQ.  
1101 BRICKELL AVE. 17TH FLOOR  
MIAMI, FL 33131      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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: ROBBIE DONUTS INC.,  
Address: 803 DONALD ROSS ROAD  
City-St-Zip: JUNO BEACH, FL 33408

Title: MGR      ( ) Delete  
Name: GRILLO, ROBERT  
Address: 4250 WELLINGTON SHORES DR.  
City-St-Zip: WELLINGTON, FL 33467

**ADDITIONS/CHANGES:**

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

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: GRILLO ROBERT

MGR

05/21/2007

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