

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000005799

**Entity Name:** D & M ENTERPRISES, L.L.C.

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

200 GREENE STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

200 GREENE STREET  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 65-1093517

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FISHER, KIM H  
200 GREENE STREET  
KEY WEST, FL 33040 US

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

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:** MGRD  
**Name:** CRYSTALS RECOVERY, INC.  
**Address:** 200 GREENE STREET  
**City-St-Zip:** KEY WEST, FL 33040

I hereby 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: KIM FISHER

PRES

02/02/2012

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