

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90229 050 ****50.00

DOCUMENT # L01000012988

1. Entity Name

DDV, LLC

Principal Place of Business

**4250 BRACKENWOOD COURT
 SARASOTA FL 34232**

Mailing Address

**4250 BRACKENWOOD COURT
 SARASOTA FL 34232**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

65-1130619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NAPOLITANO, JOHN E
 100 WALLACE AVE, SUITE 240
 SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name **Michael Pender / Cavinaugh & Co, LLP**
 Street Address (P.O. Box Number is Not Acceptable)
2381 Fruitville Road

City **Sarasota**

FL

Zip Code **34237**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGING MEMBER** ☐ Delete
 NAME **JEAN A. VALLERY**
 STREET ADDRESS **4250 BRACKENWOOD CT**
 CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE ☐ Delete
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10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

JEAN ANDRE VALLERY

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

MAR 18 2002

Date

Daytime Phone #

CR2E083 (9/01)