

## ANNUAL REPORT

DOCUMENT # L01000013118

1. Entity Name

D &amp; V ENTERPRISES OF NAPLES, LLC



**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90035 012 \*\*\*\*50.00



Principal Place of Business

2905 DAVIS BLVD  
NAPLES FL 34104

Mailing Address

2905 DAVIS BLVD  
NAPLES FL 34104

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

65-1131820

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

LAMANNA, VINCE J  
2905 DAVIS BLVD  
NAPLES FL 34103

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 Florida Department of State**  
**Due By May 1, 2007**

## 9. MANAGING MEMBERS/MANAGERS

TITLE PD ☐ Delete  
 NAME LAMANNA, VINCENT J  
 STREET ADDRESS 360 DOVER PLACE SUITE 1304 5010 OLD POND DRIVE  
 CITY-STATE-ZIP NAPLES FL 34104

TITLE VP ☒ Delete  
 NAME LAMANNA, LESLIE  
 STREET ADDRESS 2905 DAVIS BLVD  
 CITY-STATE-ZIP NAPLES FL 34104

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

## 10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-STATE-ZIP

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #