

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90201 040 ****50.00

DOCUMENT # L01000021458

1. Entity Name

D.B.D.M., L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

DARRYL HARRIS

Suite, Apt. #, etc.

3. Mailing Address

4681 University Blvd N

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

32277

Country

Duval

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DARRYL HARRIS

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

4681 University Blvd N

City

JAX

FL

Zip Code

32277

**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.

SIGNATURE

Darryl B. Harris

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

5/29/02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

Darryl B. Harris

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

Date

5/29/02

Daytime Phone #

744-8794 (2M)

CR2E083B (12/01)