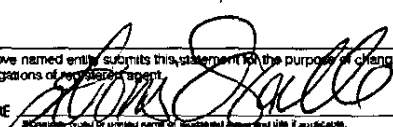
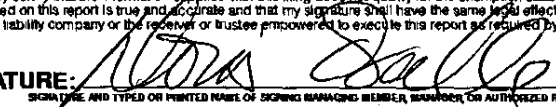


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92166 027 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

30068724

DOCUMENT # L02000014054					
1. Entity Name D D & S, LLC					
Principal Place of Business 4343 W. HENDERSON BLVD. TAMPA, FL 33629 US		Mailing Address 4343 W HENDERSON BLVD. #180 TAMPA, FL 33629			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3679944	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OVALLE, DORIS 4343 W. HENDERSON BLVD. #180 TAMPA, FL 33629				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  DATE 04/29/2003					
(NOTE: Registered Agent Signature Required when electing)					
9. MANAGING MEMBERS / MANAGERS					
TITLE	MEM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BARRY, SCOTT E		NAME		
STREET ADDRESS	4343 W. HENDERSON BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE	MEM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	OVALLE, DORIS		NAME		
STREET ADDRESS	4343 W. HENDERSON BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
10. ADDITIONS/CHANGES					
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 606, Florida Statutes.					
SIGNATURE:  DATE 04/29/2003					
SHOW TYPE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CH20583 (10/02)