

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

03-15-2004 90436 011 ****50.00

DOCUMENT # L03000018569 1. Entity Name DD, LLC																																																																																																																													
Principal Place of Business 3111 NE 13TH AVENUE POMPANO BEACH FL 33064			Mailing Address 3111 NE 13TH AVENUE POMPANO BEACH FL 33064																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																											
City & State Zip Country		City & State Zip Country		4. FEI Number 43-201-63-57 Applied For ☐ Not Applicable																																																																																																																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				34002727  MOORE CR2E083 (11/03)																																																																																																																									
6. Name and Address of Current Registered Agent DUBROW-DUKER & ASSOCIATES, P.A. 2832 UNIVERSITY DRIVE CORAL SPRINGS FL 33065																																																																																																																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																																																																																																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																													
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 35%;">MGR</td> <td style="width: 10%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 15%;"></td> <td style="width: 10%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>PISANI, ENZO</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3111 NE 13TH AVENUE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>POMPANO BEACH FL 33064</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>MUELLER, LISA</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3111 NE 13TH AVENUE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>POMPANO BEACH FL 33064</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>PISANI, GERTRUDE</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3111 NE 13TH AVENUE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>POMPANO BEACH FL 33064</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	PISANI, ENZO		NAME			STREET ADDRESS	3111 NE 13TH AVENUE		STREET ADDRESS			CITY-ST-ZIP	POMPANO BEACH FL 33064		CITY-ST-ZIP			TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	MUELLER, LISA		NAME			STREET ADDRESS	3111 NE 13TH AVENUE		STREET ADDRESS			CITY-ST-ZIP	POMPANO BEACH FL 33064		CITY-ST-ZIP			TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	PISANI, GERTRUDE		NAME			STREET ADDRESS	3111 NE 13TH AVENUE		STREET ADDRESS			CITY-ST-ZIP	POMPANO BEACH FL 33064		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		
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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:  3-8-04 954-234-7262 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																																																																																																													