

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000028790

1. Entity Name
D & R, LLC



Principal Place of Business
**1026 EMERALD CREEK DRIVE
VALRICO, FL 33594**

Mailing Address
**1026 EMERALD CREEK DRIVE
VALRICO, FL 33594**



01172006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0731364

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PATEL, KAMLESH H
1211 N. WESTSHORE BLVD.
SUITE 104
TAMPA, FL 33607**

**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. 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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PATEL, LATA M
1026 EMERALD CREEK DRIVE
VALRICO, FL 33549**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PATEL, DHRUV M
1026 EMERALD CREEK DRIVE
VALRICO, FL 33549**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PATEL, RUSHI M
1026 EMERALD CREEK DRIVE
VALRICO, FL 33549**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000423419
02/18/06-80007-007 50.00

**DO NOT WRITE
IN THIS SPACE**

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

Ind Patel

2-1-06

(813) 740-0635

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

Date

Daytime Phone #