

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000050473

1. Entity Name
KDD HOLDINGS, LLC



Principal Place of Business
841 PRUDENTIAL DRIVE, SUITE 1300
JACKSONVILLE, FL 32207

Mailing Address
841 PRUDENTIAL DRIVE, SUITE 1300
JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DODT, HAROLD
841 PRUDENTIAL DRIVE, SUITE 1300
JACKSONVILLE, FL 32207

Payment Date	Amount
Account	Jan 22, 2008 08:00 A
Secretary of State	
Approval	



01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-0449144

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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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)

000000731348

01/23/08-80072-007 138.75

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DODT, HAROLD
STREET ADDRESS	841 PRUDENTIAL DR STE. 1300
CITY- ST- ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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:

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

Date

Daytime Phone #