

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90352 040 ****55.00

DOCUMENT # L04000004084

1. Entity Name

DECORATIVE DRIVEWAY SYSTEMS LLC



Principal Place of Business

327 TRANQUILLA AVE
PT ST LUCIE FL 34953

Mailing Address

327 TRANQUILLA AVE
PT ST LUCIE FL 34953

20021161



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

327 TRANQUILLA AVE
Suite, Apt. #, etc.

3. Mailing Address

327 TRANQUILLA AVE
Suite, Apt. #, etc.

City & State

PORT ST. LUCIE

City & State

PORT ST. LUCIE FL

4. FEI Number

560584335

☒ Applied For

☐ Not Applicable

Zip

34983

Country

ST. LUCIE

Zip

34983

Country

ST. LUCIE

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VANKIRK, WILLIAM
327 TRANQUILLA AVE
PT ST LUCIE FL 34953

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VANKIRK, WILLIAM	
STREET ADDRESS	327 TRANQUILLA AVE	
CITY-ST-ZIP	PT ST LUCIE FL 34953	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FORBES, JERAMIAH	
STREET ADDRESS	327 TRANQUILLA AVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KALLATCH, WILLIAM J	
STREET ADDRESS	353 SW TRANQUILLA AVE.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

William J. Kallatch

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

Date

Daytime Phone #