

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000004084

1. Entity Name

DECORATIVE DRIVEWAY SYSTEMS LLC



**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

327 TRANQUILLA AVE  
PORT SAINT LUCIE FL 34983  
US

Mailing Address

327 TRANQUILLA AVE  
PORT SAINT LUCIE FL 34983  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-0584335

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/06)

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, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	MGRM	VANKIRK, WILLIAM	327 TRANQUILLA AVE PT ST LUCIE FL 34953				
	MGRM	FORBES, JERAMIAH	327 TRANQUILLA AVE PORT ST. LUCIE FL 34983				
	MGRM	KALLATCH, WILLIAM J	353 SW TRANQUILLA AVE. PORT ST. LUCIE FL 34983				

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

*William E Vankirk*

WM E VANKIRK

32708 7228794407

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

Date

Daytime Phone #