

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012132

Entity Name: DDKR CONSULTING, LLC

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

7116 24TH CT E
BRADENTON, FL 34243

New Principal Place of Business:

Current Mailing Address:

PMB 176
7282 55TH AVE E
BRADENTON, FL 34203

New Mailing Address:

FEI Number: 20-0776891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNLAP & MORAN, P.A.
1990 MAIN ST
STE 700
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PERELLA, DONALD J MR.
Address: 9815 OLD HYDE PARK PL
City-St-Zip: BRADENTON, FL 34202 US

Title: MGRM () Delete
Name: SLAWSON, RICK D MR.
Address: 10711 COUNTRY RIVER DR
City-St-Zip: PARRISH, FL 34219 US

Title: MGRM () Delete
Name: GREENWOOD, DONALD L MR.
Address: 9307 FIRETHORN PL
City-St-Zip: BRADENTON, FL 34202 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PERELLA, DONALD J MR.
Address: 8424 MIRAMAR WAY
City-St-Zip: BRADENTON, FL 34202 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICK SLAWSON

MGRM

04/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date