

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000018964

1. Entity Name

DOUBLE "D" INVESTMENT GROUP, LLC



Principal Place of Business

265 S.W. PORT SAINT LUCIE BLVD  
SUITE 133  
PORT SAINT LUCIE, FL 34984

Mailing Address

265 S.W. PORT SAINT LUCIE BLVD  
SUITE 133  
PORT SAINT LUCIE, FL 34984



04232008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DUFRESNE, RAMCES G  
265 S.W. PORT SAINT LUCIE BLVD., STE. 133  
PORT SAINT LUCIE, FL 34984

**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

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

U000000924833  
05/20/08-80003-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGR  
DUFRESNE, R.G.  
265 S.W. PORT SAINT LUCIE BLVD., STE. 133  
PORT SAINT LUCIE, FL 34984

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGR  
DUFRESNE, JACQUES  
265 SW PORT ST. LUCIE BLVD., SUITE 133  
PORT SAINT LUCIE, FL 34984

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-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 person or persons 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 #

R.G. DUFRESNE

04/25/08