

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019655

Entity Name: DBK, LLC

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

9354 CORRAL VIEW  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

9354 CORRAL VIEW  
LAKE WORTH, FL 33467

**New Mailing Address:**

FEI Number: 20-0858534

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DANG, BAO D  
9354 CORRAL VIEW  
LAKE WORTH, FL 33467 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: MGR ( ) Delete  
Name: DANG, BAO D  
Address: 9354 CORRAL VIEW  
City-St-Zip: LAKE WORTH, FL 33467

Title: MGR (X) Delete  
Name: PHAN, THUSUONG T  
Address: 1115 CRANE CREST WAY  
City-St-Zip: ORLANDO, FL 32825

Title: MGR (X) Delete  
Name: DANG, KHA K  
Address: 1115 CRANE CREST WAY  
City-St-Zip: ORLANDO, FL 32825

**ADDITIONS/CHANGES:**

Title: MMGR (X) Change ( ) Addition  
Name: DANG, BAO D  
Address: 9354 CORRAL VIEW  
City-St-Zip: LAKE WORTH, FL 33467

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: BAO D DANG

MMGR

04/29/2009

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