

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90061 019 ****50.00

DOCUMENT # L04000021019

1. Entity Name
DOUBLE D INVESTMENTS OF FLORIDA, LLC



Principal Place of Business

~~9900 W. SAMPLE RD., #300~~
~~CORAL SPRINGS, FL 33065~~

20423 State Road 7, #260
Boca Raton, FL 33498

Mailing Address

~~9900 W. SAMPLE RD., #300~~
~~CORAL SPRINGS, FL 33065~~

20423 State Road 7, #260
Boca Raton, FL 33498

DO NOT WRITE IN THIS SPACE



03292006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0905674

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEFFER, DAVID A
20423 SR 7 BOX 260
BOCA RATON, FL 33498

**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

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FEFFER, DAVID A
20423 SR7 BOX 260
BOCA RATON, FL 33498

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~MGRM~~
~~MEDINA, DANIEL~~
~~9900 W. SAMPLE RD., #300~~
~~CORAL SPRINGS, FL 33065~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 receiver or trustee 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

DAVID FEFFER, MGRM

4/4/06

Date

561-213-3650

Daytime Phone #