

LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

50.00

FILED

07 MAY -4 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

CR2E083B (8/05)

DOCUMENT # **L04000021594**

1. Entity Name

D. L. Holdings LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1931 Welby Way

Suite, Apt. #, etc.

Suite 5

City & State

Tallahassee FL

3. Mailing Address

P.O. Box 180896

Suite, Apt. #, etc.

City & State

Tallahassee

4. FEI Number

20-0929224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

Zip
32308

Country
USA

Zip
32317

Country
USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Angela Moss Fogle LLC

Street Address (P.O. Box Number is Not Acceptable)

1931 Welby Way

Suite 5

City

Tallahassee

FL

Zip Code

32308

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

Angela M. Fogle

Signature typed or printed name of registered agent and title if applicable.

5-1-07

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME

Managing Member

STREET ADDRESS
CITY-ST-ZIP

**Doris L. Moss
P.O. Box 180896
Tallahassee FL 32317**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Doris L. Moss

5-1-07

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

Date

Daytime Phone #