

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000031964

1. Entity Name  
D11, LLC



Principal Place of Business

20020 VETERANS BOULEVARD  
SUITE 7-9  
PORT CHARLOTTE, FL 33954

Mailing Address

20020 VETERANS BOULEVARD  
SUITE 7-9  
PORT CHARLOTTE, FL 33954



01292008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0961658	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

WEILER, JEFF R  
20020 VETERANS BOULEVARD  
SUITE 7-9  
PORT CHARLOTTE, FL 33954

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WEILER, JEFF R
STREET ADDRESS	108 GILL STREET
CITY-ST-ZIP	PUNTA GORDA, FL 339503613

TITLE	
NAME	
STREET ADDRESS	
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000000847028  
03/19/08-80002-010 143.75

**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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

(Signature, typed or printed name of signing managing member, or authorized representative)

Date

Daytime Phone #