2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2008
Secretary of State

DOCUMENT# L04000037550

Entity Name: DND FLORENCE LLC

Current Principal Place of Business:

C/O MICHAEL DAVIDSON
17615 GLADYS STREET
MONTVERDE, FL 34736

New Principal Place of Business:

ARTHUR NIX
17550 C.R. 455
MONTVERDE, FL 34736

Current Mailing Address:

C/O MICHAEL DAVIDSON
17615 GLADYS STREET
MONTVERDE, FL 34736

New Mailing Address:

ARTHUR NIX
17550 C.R. 455
MONTVERDE, FL 34736

FEI Number: 20-2377457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NIX, ARTHUR C
17550 C.R. 455
MONTVERDE, FL 34756 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: P ( ) Delete
Name: DAVIDSON, MICHAEL
Address: 17615 GLADYS STREET
City-St-Zip: MONTVERDE, FL 34736

Title: S ( ) Delete
Name: NIX, ARTHUR C
Address: 17550 C.R. 455
City-St-Zip: MONTVERDE, FL 3475Q

Title: T ( ) Delete
Name: DONOFRIO, WALTER J
Address: 17612 GLADYS STREET
City-St-Zip: MONTVERDE, FL 34736

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ARTHUR C. NIX MGR 05/04/2008

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