## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000051185

1. Entity Name

D & C MAINTENANCE, LLC



Principal Place of Business

2300 BUD DIAMOND ROAD JAY, FL 32565

Mailing Address

2300 BUD DIAMOND ROAD JAY, FL 32565 FILED
Apr 27, 2007 08:00 AM
Secretary of State



04042007No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number                    | Applied For       |
|----------------------------------|-------------------|
| 20-1347847                       | <br>Not Applicabl |
| 5. Certificate of Status Desired | \$5.00 Additional |

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GEORGE, DONALD W JR.

2300 BUD DIAMOND ROAD JAY, FL 32565

STREET ADDRESS

**SIGNATURE:** 

## DO NOT WRITE IN THIS SPACE

|                | named entity submits this statement for the purpose of chains of registered agent. | anging its registered office or registered agent, or b       | oth, in the State of Florida. I am familiar with, and accept |
|----------------|--|--|--|
| SIGNATURE.     |  |  |  |
|                | Signature, typed or printed name of registered agent and title if applicable.      | (NOTE: Registered Agent signature required when reinstating) | DATE   |
| Fi<br>D        | lling Fee is \$50.00<br>ue by May 1, 2007  |  |  |
| 9.             | MANAGING MEMBERS/MANAGERS  |  |  |
| TITLE          | MGRM   |  |  |
| NAME           | GEORGE, DONALD W JR.   | <b>!</b>   |  |
| STREET ADDRESS | 2300 BUD DIAMOND ROAD  |  |  |
| CITY-ST-ZIP    | JAY, FL 32565  |  |  |
| TITLE          | MGRM   |  | HAAAAAAAA  |
| NAME           | GEORGE, CRYSTAL J  |  | U00000730438<br>05/11/07-80066-016 50.00                     |
| STREET ADDRESS | 2300 BUD DIAMOND ROAD  |  | որչելու արագայալա արքար                                      |
| CITY-ST-ZIP    | JAY, FL 32565  |  |  |
| TITLE          |  |  |  |
| NAME           |  |  |  |
| STREET ADDRESS |  |  | NOT WRITE  |
| CITY-ST-ZIP    |  | J DO   | NOI WKIIE  |
| INTLE          |  | INI  | THIS SPACE   |
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| NAME           |  | 1  |  |
| STREET ADDRESS |  |  |  |
| CITY-ST-ZIP    |  |  |  |
| TITLE          |  |  |  |
| NAME           |  |  |  |

I hereby certify that the information supplied with this filling 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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE