2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# L04000067323

Entity Name: D & B LLC

Current Principal Place of Business:

1344 DARTFORD DR.
TARPON SPRINGS, FL 34688

New Principal Place of Business:

1344 DARTFORD DR.
TARPON SPRINGS, FL 34688 US

Current Mailing Address:

1344 DARTFORD DR.
TARPON SPRINGS, FL 34688

New Mailing Address:

1344 DARTFORD DR.
TARPON SPRINGS, FL 34688 US

FEI Number: 65-1233616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JIMERSON, ROBERT F
1344 DARTFORD DR.
TARPON SPRINGS, FL 34688 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: MGRM ( ) Delete
Name: GLEICHHOWSKI, DANIEL
Address: 490 HILLSBOROUGH ST.
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM ( ) Delete
Name: JIMERSON, ROBERT F
Address: 1344 DARTFORD DR.
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GLEICHHOWSKI, DANIEL
Address: 490 HILLSBOROUGH ST.
City-St-Zip: PALM HARBOR, FL 34683 US

Title: MGRM (X) Change ( ) Addition
Name: JIMERSON, ROBERT F
Address: 1344 DARTFORD DR.
City-St-Zip: TARPON SPRINGS, FL 34688 US

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: ROBERT F. JIMERSON MGRM 03/03/2009

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