

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90084 037 ****50.00

DOCUMENT # L04000069783

1. Entity Name

DOUBLE D FUNDING, LLC



Principal Place of Business

1311 MISSOURI AVE. SOUTH
CLEARWATER, FL 33756

Mailing Address

1311 MISSOURI AVE. SOUTH
CLEARWATER, FL 33756

DO NOT WRITE IN THIS SPACE



04282006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-1708075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEL MONTE, PAUL
1311 MISSOURI AVE. SOUTH
CLEARWATER, FL 33756

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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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME DEL MONTE, PAUL
STREET ADDRESS 1311 MISSOURI AVE. SOUTH
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE MGRM
NAME DEL MONTE, MARK
STREET ADDRESS 428 RIVERVIEW ROAD
CITY-ST-ZIP YOUNGSTOWN, NY 14174

TITLE MGRM
NAME DIPOFI, DAN
STREET ADDRESS 5508 OAKFIELD LANE
CITY-ST-ZIP WILLIAMSVILLE, NY 14221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #