

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080448

Entity Name: D.D. OF VILLAGE GREEN, LLC

FILED
Mar 03, 2009
Secretary of State

Current Principal Place of Business:

2550 SE WILLOUGHBY BLVD.
STUART, FL 34994

New Principal Place of Business:

2112 S US HIGHWAY 1, STE 201
FORT PIERCE, FL 34950

Current Mailing Address:

2550 SE WILLOUGHBY BLVD.
STUART, FL 34994

New Mailing Address:

2112 S US HIGHWAY 1, STE 201
FORT PIERCE, FL 34950

FEI Number: 41-2156873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOOGE, HOWARD E JR, ESQ
401 E. OSCEOLA STREET
STUART, FL 34994 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: MATAKAETIS, MICHAEL
Address: 4900 N SPINNAKER PNT P
City-St-Zip: STUART, FL 34996

Title: MGRM () Delete
Name: LASKARIS, SPIRO
Address: 5070 SCHOONER OAKS WAY
City-St-Zip: STUART, FL 34997

Title: MGRM () Delete
Name: HOLMES, SCOTT
Address: PO BOX 2504
City-St-Zip: JENSEN BEACH, FL 34958

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: MICHAEL MATAKAETIS

MGRM

03/03/2009

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