

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000080448

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
**Name:** MATAKAETIS, MICHAEL  
**Address:** 4900 N SPINNAKER PNT P  
**City-St-Zip:** STUART, FL 34996

**Title:** MGRM  
**Name:** LASKARIS, SPIRO  
**Address:** 520 SE ASHLEY OAKS WAY  
**City-St-Zip:** STUART, FL 34997

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

**Title:** MGRM  
**Name:** MATAKAETIS, SHERRY  
**Address:** 4900 NE SPINNAKER PT PL  
**City-St-Zip:** STUART, FL 34996

**Title:** MGRM  
**Name:** LASKARIS, JULIA  
**Address:** 502 SE ASHLEY OAKS WAY  
**City-St-Zip:** STUART, FL 34997

I hereby 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

01/05/2010

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