

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083909

Entity Name: NDD, LLC

FILED  
Aug 30, 2006  
Secretary of State

**Current Principal Place of Business:**

211 STEFANIK ROAD  
WINTER PARK, FL 32792

**New Principal Place of Business:**

729 E PALMETTO ST  
LAKELAND, FL 33801

**Current Mailing Address:**

211 STEFANIK ROAD  
WINTER PARK, FL 32792

**New Mailing Address:**

2876 APOLLO CT  
OVIEDO, FL 32765

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CEDRIC E. LEWIS & ASSOCIATES, P.A.  
175 5TH ST. S.W.  
SUITE 205  
WINTER HAVEN, FL 33880 US

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: SYLVESTER, CYNTHIA L  
Address: 302 E. 7TH STEET  
City-St-Zip: BROOKLYN, NY 11218

Title: MGRM ( ) Delete  
Name: MALARY, LINDA B  
Address: 2876 APOLLO CT  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES:**

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 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: LINDA MALARY

MGRM

08/30/2006

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