

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90140 007 ***138.75

DOCUMENT # L05000009639

1. Entity Name
BDDD HOLDINGS, L.L.C.



Principal Place of Business
**194 WILL DUKE ROAD
WAUCHULA, FL 33873**

Mailing Address
**P.O. BOX 1087
WAUCHULA, FL 33873**

50006123



04082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2668385

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, EDGAR L SR.
194 WILL DUKE ROAD
WAUCHULA, FL 33873**

**DO NOT WRITE
IN THIS SPACE**

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

4/29/08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVIS, EDGAR L 194 WILL DUKE ROAD WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER Gail D. Best P.O. Box 203 Wauchula, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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 #

4/29/08

863-773-4159