


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90105 019 ***138.75

DOCUMENT # L05000012808			
1. Entity Name D & M, LLC			
Principal Place of Business 19991 CHAPEL TRACE ESTERO FL 33928		Mailing Address 19991 CHAPEL TRACE ESTERO FL 33928	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 11035 Fish Lake Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Holly MI	
Zip	Country	Zip	Country
48442		48442	USA



1st MOORE CR2E083 (10/07)

4. FEI Number 20-2357218		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCKAY, CATHY L 19991 CHAPEL TRACE ESTERO FL 33928		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code	

8. The above named entity permits 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 *Cathy L McKay* (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMARIA MCKAY, CATHY 11035 FISH LAKE ROAD HOLLY MI 48442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMARIA, DEBRA 19991 CHAPEL TRACE ESTERO FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Cathy L McKay* **4-20-08 248245 760**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #