


2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90037 049 \*\*\*\*50.00

<b>DOCUMENT # L05000015301</b>	
1. Entity Name <b>D &amp; D MULCH &amp; FEED, LLC</b>	

Principal Place of Business <b>15151 NW HWY 129 TRENTON, FL 32693</b>	Mailing Address <b>15151 NW HWY 129 TRENTON, FL 32693</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

03292006 Chg-LLC CR2E083 (11/05)

Zip	Country	Zip	Country
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4. FEI Number  
**20-4590481**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DEWEES, JERREL JR  
15151 NW HWY 129  
TRENTON, FL 32693**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DEWEES, JERREL JR 15151 NW HWY 129 TRENTON, FL 32693</b> <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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Devere Phone #

4-17-06 3524636329

ATTACHMENT  
30609233

LAW OFFICE OF  
DAVID MILLER LANG, JR.  
ATTORNEY AT LAW

204 SOUTHEAST FIRST STREET  
POST OFFICE BOX 51  
TRENTON, FLORIDA 32693-0051

(352) 463-7800

May 24, 2006

Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

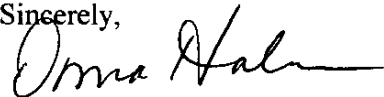
RE: Corrected Annual Report for D & D Mulch & Feed, LLC.  
Document # L05000015301.

Dear Sir or Madam:

Enclosed is a copy of the corrected Annual Report for D & D Mulch & Feed, LLC with the FEI Number included. I spoke to someone at your office on the above date and they notified me that the original was returned on May 15, 2006 for neglecting to enter the FEI Number. I explained that as of the above date we had not received anything back. At that time she informed me that it would be sufficient if I would just return a copy of the Annual Report including the FEI Number.

Should there be any questions, please do not hesitate to contact me at (352) 463-7800.

Sincerely,



Donna Holmes

DLH/dh  
Enclosures: As stated