


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90101 038 ****50.00

DOCUMENT # L05000028183	
1. Entity Name D & D LAWN MAINTENANCE LLC	

Principal Place of Business 3454 KAISER AVE. ST. CLOUD FL 34772 US	Mailing Address 3454 KAISER AVE. ST. CLOUD FL 34772 US
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2. Principal Place of Business - No P.O. Box # 3454 KAISER AVE. Suite, Apt. #, etc. MOB,1	3. Mailing Address 3454 KAISER AVE. Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State SAINT CLOUD FL	City & State SAINT CLOUD
Zip 34772	Zip 34772
Country OSCEOLA	Country OSCEOLA

4. FEI Number 20-2536792	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 MILLER, DARREN 3454 KAISER AVE. ST. CLOUD FL 34772	
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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 reissuing) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MILLER, DARREN 3454 KAISER AVE ST. CLOUD FL 34772 <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 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: Darren Miller 2/4/07 4059455296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #