



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90053 026 ****50.00

DOCUMENT # L05000048327 1. Entity Name D. & G. SERVICES, LLC					
Principal Place of Business 2630 WEST 5TH STREET JACKSONVILLE, FL 32254			Mailing Address 2630 WEST 5TH STREET JACKSONVILLE, FL 32254		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 12059 W Beaver St Suite, Apt. #, etc.			
City & State Jacksonville FL		4. FEI Number 51-0572979		Applied For <input type="checkbox"/> Not Applicable	
Zip 32220	Country	Zip 32220	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIMES, DAVID J 2630 WEST 5TH STREET JACKSONVILLE, FL 32254				7. Name and Address of New Registered Agent Name David J. Grimes Street Address (P.O. Box Number is Not Acceptable) 12059 W Beaver St City Jacksonville FL Zip Code 32220	
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 <u><i>David J. Grimes</i></u> DATE <u>4/16/06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGRM GRIMES, DAVID J 2630 WEST 5TH STREET JACKSONVILLE, FL 32254	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgrm Grimes, David J. 12059 W Beaver St Jacksonville FL 32220
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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: <u><i>David J. Grimes</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u>4/16/06</u> 904 208-1764 <small>Date Daytime Phone #</small>	