2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000050243

1. Entity Name
D & D OF SANFORD, LLC



US

Principal Place of Business

2510 S. PARK AVE. SANFORD, FL 32773 US Mailing Address 2510 S. PARK AVE. SANFORD, FL 32773 FILED
Jan 29, 2007 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

01222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3145804

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EDMISTON, DON 163 EDGEWATER CIRCLE SANFORD, FL 32773

DO NOT WRITE IN THIS SPACE

			J. 7 (J. 11)
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
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR	,	มากอกสาการการสร้า
NAME STREET ADDRESS	EDMISTON, DONALD 163 EDGEWATER CIR	ຄວາ	J000006082 4 5 01/07-80003-008 50. 00
CITY-ST-ZIP	SANFORD, FL 32773	OL7	01/07 0000 000 10100
TITLE	MGR		
NAME	MILLER, DONALD		
STREET ADDRESS	700 ENTERPRISE OSTERN RD		·
CITY-ST-ZIP	OSTEEN, FL 32764		-
TITLE			
NAME			
STREET ADDRESS CITY-ST-ZIP		I DO NOT	Γ WRITE
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STREET ADDRESS			

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 hability company or the receiver or trustee empowered by execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE