

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
Jun 21, 2007 8:00 A.M.
Secretary of State

**LIMITED LIABILITY
COMPANY**

**REINSTATEMENT
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000057559**

1. Limited Liability Company's Name

D + D Services & Sales LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

12000 N Dale Mabry Hwy

Suite, Apt. #, etc.

226

City & State

Tampa FL

Zip

33618

Country

3. Mailing Office Address

12000 N. Dale Mabry Hwy

Suite, Apt. #, etc.

226

City & State

Tampa FL

Zip

33618

Country

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

June 2005

6. FEI Number

33117999

Tax ID

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

David Riddle

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

12101 N Dale Mabry Hwy

Suite, Apt. #, Etc.

610

City

Tampa

State

FL

Zip Code

33618

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

David Riddle

Date **6/13/07**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
President	David Riddle	12101 N. Dale Mabry Hwy #610	Tampa FL 33618

000104742940
06/22/07--01040--009 **50.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

David Riddle

Date **6/13/07**

Daytime Phone # **813 767 0932**

Typed or printed name of signing Managing Member/Manager

David Riddle