

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90306 007 ***138.75

DOCUMENT # L05000058310

1. Entity Name
D & D CHARLOTTE, LLC



Principal Place of Business **12580 University Drive #102**
FORT MYERS, FL 33907 US
Mailing Address **12580 University Drive #102**
FORT MYERS, FL 33907 US



04142008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0700687** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

D'ANDREA, ROBERT L
12580 University Drive #102
FORT MYERS, FL 33907 Fort Myers, FL 33907

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
NAME **D'ANDREA, ROBERT L**
STREET ADDRESS **12580 University Drive #102**
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE **MGR**
NAME **DAVIS, RONALD**
STREET ADDRESS **12580 University Drive #102**
CITY-ST-ZIP **FORT MYERS, FL 33907**

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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: *R. D'Andrea*

4/14/08

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

Date

Daytime Phone #