

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073519

Entity Name: DOUBLE D LLC

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

1602 ALTON RD.
428
MIAMI BEACH, FL 33139

New Principal Place of Business:

1602 ALTON ROAD
428
MIAMI BEACH, FL 33139

Current Mailing Address:

1602 ALTON RD.
428
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 74-3149913 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNCH, LORENZO
8019 N.W. 15 MANOR
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

FRIEDMAN, DANIELA D
900 BAY DR
225
MIAMI BEACH, FL 33141 US

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.

SIGNATURE: DANIELA D. FRIEDMAN

01/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: V.P. () Delete
Name: LYNCH, LORENZO D
Address: 900 BAY DR. #225
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGR () Delete
Name: D'ANDREA, DANIELA
Address: 1602 ALTON RD.
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LYNCH, LORENZO
Address: 900 BAY DR. #225
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGRM (X) Change () Addition
Name: D'ANDREA, DANIELA
Address: 8019 NW 15 MANOR
City-St-Zip: PLANTATION, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LORENZO LYNCH

MGRM

01/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date