

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000084213**

1. Entity Name  
**D&D FLORIDA ENTERPRISES, LLC**



Principal Place of Business  
**2232 CYPRESS HOLLOW COURT  
SAFETY HARBOR, FL 34695**

Mailing Address  
**2232 CYPRESS HOLLOW COURT  
SAFETY HARBOR, FL 34695**



04022008 No Chg-LLC .CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**8. Name and Address of Current Registered Agent**

**DOUGLAS L. HILKERT P.A.  
2557 NURSERY ROAD SUITE A  
CLEARWATER, FL 33764**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

U000000882237  
04/16/08-80032-025 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	THOMAS, DERON L TRUSTEE
STREET ADDRESS	2232 CYPRESS HOLLOW COURT
CITY - ST - ZIP	SAFETY HARBOR, FL 34695
TITLE	MGRM
NAME	THOMAS, DAWN N TRUSTEE
STREET ADDRESS	2232 CYPRESS HOLLOW COURT
CITY - ST - ZIP	SAFETY HARBOR, FL 34695
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Deron Thomas Deron Thomas

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

4/2/08

Date

727-724-3300

Daytime Phone #