

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000084213

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** D&D FLORIDA ENTERPRISES, LLC

**Current Principal Place of Business:**

2232 CYPRESS HOLLOW COURT  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

2232 CYPRESS HOLLOW COURT  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: THOMAS, DERON L TRUSTEE  
Address: 2232 CYPRESS HOLLOW COURT  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGRM  
Name: THOMAS, DAWN N TRUSTEE  
Address: 2232 CYPRESS HOLLOW COURT  
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby 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: DERON THOMAS

MGRM

04/17/2012

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