


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90304 032 ****55.00

DOCUMENT # L05000108034	
1. Entity Name DD AND L SERVICES LLC	

Principal Place of Business 444 EAST CANE AVE CRESTVIEW, FL 32539	Mailing Address 444 EAST CANE AVE CRESTVIEW, FL 32539
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20005093

2. Principal Place of Business - No P.O. Box # 931 W. James Lee Blvd	3. Mailing Address 931 W. James Lee Blvd
Suite, Apt. #, etc. Lot 4	Suite, Apt. #, etc. Lot 4
City & State Crestview, FL	City & State Crestview, FL
Zip 32539	Country USA

02192007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3743465	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LANKFORD, WILLIAM 444 EAST CANE AVE CRESTVIEW, FL 32539	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <u>William R. Lankford</u> DATE <u>2-21-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANKFORD, WILLIAM 444 EAST CANE AVE CRESTVIEW, FL 32539 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>William R. Lankford</u> DATE <u>2-21-07</u> 850-306-5448 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	
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