

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110179

Entity Name: D & D RENTALS LLC

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

11002 SW DUNHILL CT
PORT ST. LUCIE, FL 34987

New Principal Place of Business:

Current Mailing Address:

11002 SW DUNHILL CT
PORT ST. LUCIE, FL 34987

New Mailing Address:

FEI Number: 20-3997572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, DONNA M
221 FOXTAIL DRIVE
APT F
GREENACRES, FL 33415 US

Name and Address of New Registered Agent:

JOHNSON, DONNA M
11002 SW DUNHILL COURT
PORT ST. LUCIE, FL 34987 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:

01/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOHNSON, DONNA M
Address: 221 FOXTAIL DRIVE APT F
City-St-Zip: GREENACRES, FL 33415 US

Title: MGRM () Delete
Name: MAXWELL, DONALD P
Address: 11002 SW DUNHILL CT
City-St-Zip: PORT ST. LUCIE, FL 34987

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JOHNSON, DONNA M
Address: 11002 SW DUNHILL COURT
City-St-Zip: PORT ST. LUCIE, FL 34987 US

Title: MGRM (X) Change () Addition
Name: MAXWELL, DONALD P
Address: 240 NW CHIMERE LANE
City-St-Zip: PORT ST. LUCIE, FL 34986

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: DONALD P MAXWELL

MGRM

01/09/2009

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