

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L05000112269

1. Entity Name  
D & N HOLDING LLC



Principal Place of Business  
502 S EDMON AVENUE  
WINTER SPRINGS, FL 32708

Mailing Address  
502 S EDMON AVENUE  
WINTER SPRINGS, FL 32708



03292008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3859775

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

DARROW, KENNETH  
502 S EDMON AVENUE  
WINTER SPRINGS, FL 32708

**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**

000000895330  
04/24/08-80064-021 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	DARROW, KENNETH
STREET ADDRESS	502 S EDMON AVENUE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	MGRM
NAME	NICHOLL, ROBERT A
STREET ADDRESS	4708 STATE ROAD 44
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
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 \_\_\_\_\_

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

Date

Signature Phone #

X 4/10/08