

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115986

Entity Name: DDC, LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

4833 CYPRESS WOODS DR.
4104
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

4833 CYPRESS WOODS DR.
4104
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 20-4234006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARPER, DANIEL E SR
4833 CYPRESS WOODS DR.
4104
ORLANDO, FL 32811 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 () Delete
Name: HARPER, DANIEL E SR.
Address: 4833 CYPRESS WOODS DR.
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: HARPER, DANIEL S JR.
Address: 96 VAN ANDERSON
City-St-Zip: WINTER PARK, CO 80482

Title: MGRM (X) Delete
Name: HARPER-FRANCIS, COLLEEN
Address: 2107 COMPANERO
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HARPER, DANIEL E SR.
Address: 4833 CYPRESS WOODS DR.
City-St-Zip: ORLANDO, FL 32811

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DANIEL E HARPER

MGRM

04/15/2009

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