

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90032 011 ****50.00

DOCUMENT # L06000003360

1. Entity Name
D&M HOLDINGS OF SOUTH FLORIDA, LLC



Principal Place of Business
1242 BAYVIEW WAY
WELLINGTON, FL 33414

Mailing Address
1242 BAYVIEW WAY
WELLINGTON, FL 33414

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07092007 Chg-LLC CR2E083 (12/06)

4. FEI Number

83-0444470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPENSKY, DMITRY
1242 BAYVIEW WAY
WELLINGTON, FL 33414

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Dmitry Stepensky

(NOTE: Registered Agent signature required when reinstating)

7/9/09

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME STEPENSKY, DMITRY
STREET ADDRESS 1242 BAYVIEW WAY
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SEC ☐ Delete
NAME STEPENSKY, LUBA
STREET ADDRESS 1242 BAYVIEW WAY
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Dmitry Stepensky

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

7/9/09

Date

Daytime Phone #

561-319-5598