

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000008565

Entity Name: D & O VENTURES, LLC

**FILED**  
**Mar 25, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

5004 E. FOWLER AVENUE  
SUITE E  
TAMPA, FL 33617

## **New Principal Place of Business:**

2011 W. CLEVELAND STREET  
SUITE E  
TAMPA, FL 33606

## **Current Mailing Address:**

5004 E. FOWLER AVENUE  
SUITE E  
TAMPA, FL 33617

## **New Mailing Address:**

2011 W. CLEVELAND STREET  
SUITE E  
TAMPA, FL 33606

FEI Number: 20-4165031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

DONOFRIO, DAVID M  
5004 E FOWLER AVE  
SUITE E  
TAMPA, FL 33617 US

## **Name and Address of New Registered Agent:**

DONOFRIO, DAVID M  
2011 W. CLEVELAND STREET  
SUITE E  
TAMPA, FL 33606 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:

03/25/2010

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: PD  
Name: DONOFRIO, DAVID M  
Address: 2011 W. CLEVELAND STREET SUITE E  
City-St-Zip: TAMPA, FL 33606

Title: TD  
Name: GALLAGHER, DANNIE  
Address: 2011 W. CLEVELAND STREET SUITE E  
City-St-Zip: TAMPA, FL 33606

Title: TD  
Name: EWING, OWEN C  
Address: 2011 W. CLEVELAND STREET SUITE E  
City-St-Zip: TAMPA, FL 33606

I hereby 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: DAVID DONOFRIO

PD

03/25/2010

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