

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000017483

1. Entity Name
D&R PROPERTY CARE, LLC



Principal Place of Business
**2324 SW VALNERA STREET
PORT SAINT LUCIE, FL 34953**

Mailing Address
**2324 SW VALNERA STREET
PORT SAINT LUCIE, FL 34953**



02102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0572530

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLUM, DAVID
2324 SW VALNERA STREET
PORT SAINT LUCIE, FL 34953**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLUM, DAVID 2324 SW VALNERA STREET PORT SAINT LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLUM, MONIQUE 2324 SW VALNERA STREET PORT SAINT LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLUM, RUDI 2682 EASTMAN STREET PORT SAINT LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000830357
02/26/08-80080-006 138.75

**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 606, Florida Statutes.

SIGNATURE: _____

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

2-14-08

Date

772-336-5647

Daytime Phone #