

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90086 028 ****50.00

DOCUMENT # L06000029969.

1. Entity Name

D.D.K. ENTERPRISES LLC



Principal Place of Business

Mailing Address

11 BEVERLY CIRCLE
ENGLEWOOD FL 34223
US

11 BEVERLY CIRCLE
ENGLEWOOD FL 34223
US



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

4. FEI Number

20-4546649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOJA, DONALD S
11 BEVERLY CIRCLE
ENGLEWOOD FL 34223

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP		TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	
	MGRM					<input type="checkbox"/> Delete							<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SOJA, DONALD S	11 BEVERLY CIRCLE	ENGLEWOOD	FL	34223								
						<input type="checkbox"/> Delete							<input type="checkbox"/> Change <input type="checkbox"/> Addition
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						<input type="checkbox"/> Delete							<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Donald S. Soja

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

Date

Daytime Phone #