

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90102 012 ***143.75

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1. Entity Name
D&D HOLDINGS, LLC



Principal Place of Business
**42202 FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109**

Mailing Address
**42202 FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109**

60012315

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

02272008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5112272

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BENITEZ, JUAN F CPA
8001 SW 24TH STREET
MIAMI, FL 33155**

7. Name and Address of New Registered Agent

Name **AGE RE services, LLC**

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

9755 SW 40th Terrace

City **Miami**

FL

Zip Code **33165**

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **DENIAN, CEDRICK E**
STREET ADDRESS **42202 FISHER ISLAND DR**
CITY-ST-ZIP **FISHER ISLAND, FL 33109**

TITLE **MGR** ☐ Delete
NAME **DLEPPA, JOSEPH**
STREET ADDRESS **42202 FISHER ISLAND DR**
CITY-ST-ZIP **FISHER ISLAND, FL 33109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **Denain, Cedrick E**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **Dieppa, Joseph**
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

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

2/27/08 305 534 1989

Date

Daytime Phone #