2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L06000051004

Entity Name: DOUBLE A ENTERPRISES, LLC

Current Principal Place of Business:

9381 THORN GLEN ROAD
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1562
YULEE, FL 32041

New Mailing Address:

FEI Number: 20-2275585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADEKUNLE, OLUKEMI
87045 KIPLING DRIVE
YULEE, FL 32041 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ADEKUNLE, YEMI
Address: 9381 THORN GLEN RD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGR ( ) Delete
Name: ADEKUNLE, OLUKEMI
Address: 9381 THORN GLEN RD.
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ADEKUNLE, YEMI
Address: P.O. BOX 1562
City-St-Zip: YULEE, FL 32041

Title: MGR (X) Change ( ) Addition
Name: ADEKUNLE, OLUKEMI
Address: P.O. BOX 1562
City-St-Zip: YULEE, FL 32041

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: YEMI ADEKUNLE MR. 04/29/2009

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