

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90072 023 ***138.75

DOCUMENT # L06000056986

1. Entity Name
3 D MANAGEMENT GROUP LLC



Principal Place of Business
1010 ATLANTIC ST.
A
MELBOURNE BEACH, FL 32951

Mailing Address
1010 ATLANTIC ST.
A
MELBOURNE BEACH, FL 32951

2. Principal Place of Business - No P.O. Box #
2915 BUSH DR
Suite, Apt. #, etc.

3. Mailing Address
2915 BUSH DR
Suite, Apt. #, etc.



03312008 Chg-LLC CR2E083 (12/06)

City & State
MELBOURNE, FL
Zip 32935 Country

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MELBOURNE, FL
Zip 32935 Country

4. FEI Number
20-5011497
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAYMOND, DAVIN
1010 ATLANTIC ST.
MELBOURNE BEACH, FL 32951

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2915 BUSH DR.
City MELB. FL Zip Code 32935

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 _____ (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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	RAYMOND, DAVIN	1010 ATLANTIC ST., #A	MELBOURNE BEACH, FL 32951	<input type="checkbox"/>
MGRM.	RAYMOND, DEBORAH	1010 ATLANTIC ST., #A	MELBOURNE BEACH, FL 32951	<input type="checkbox"/>
MGRM	TERRIO, DANIEL	1010 ATLANTIC ST., #A	MELBOURNE BEACH, FL 32951	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM	RAYMOND, DAVIN	2915 BUSH DR	MELB., FL 32935	<input checked="" type="checkbox"/>
MGRM	RAYMOND, DEBORAH	2915 BUSH DR	MELB., FL 32935	<input checked="" type="checkbox"/>
MGRM	TERRIO, DANIEL	2915 BUSH DR	MELB., FL 32935	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	CITY-ST-ZIP	<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 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: Deborah Raymond 3/31/08 321-240-8485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #