

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # L06000068121

1. Entity Name
D&D REPRODUCTIONS, LLC



Principal Place of Business
**3309 OLEANDER AVENUE
FT PIERCE, FL 34982**

Mailing Address
**703 SAN SALVADOR COVE
PORT ST LUCIE, FL 34986-3455 US**



04042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5166509

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JUCKNIESS, RICHARD A
748 SW MUNJACK CIRCLE
PORT ST LUCIE, FL 34986-3455**

**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**

U00000900741
04/29/08-80040-023 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MALLARDI, DOMINIC
703 SAN SALVADOR COVE
PORT ST LUCIE, FL 349863455**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MALLARDI, ANN DYE
703 SAN SALVADOR COVE
PORT ST LUCIE, FL 349863455**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JUCKNIESS, RICHARD A
748 SW MUNJACK CIRCLE
PORT ST LUCIE, FL 349863455**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HARDY-JUCKNIESS, MARIA
748 SW MUNJACK CIRCLE
PORT ST LUCIE, FL 349863455**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 608, Florida Statutes.

SIGNATURE: _____

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

4/14/08

772-344-7304

Date

Daytime Phone #