

LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# **L06000077358**

Entity Name: D & D, LLC

FILED

Current Principal Place of Business:

16325 SW 103 TERR
MIAMI, FL 33156 US

New Principal Place of Business: 09 APR - 1 PM 3: 02

16325 SW 103 TERR
MIAMI, FL 33196 US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Current Mailing Address:

16325 SW 103 TERR
MIAMI, FL 33156 US

New Mailing Address:

16325 SW 103 TERR
MIAMI, FL 33196 US

FEI Number: **26-4084880** FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEYVA, NORIS
16325 SW 103 TERR
MIAMI, FL 33196 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: MGRM () Delete
Name: DA MERON, FIELDING
Address: 3475 SHERIDAN STREET, SUITE 215-C
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: ST () Delete
Name: DA MERON, FIELDING
Address: 3475 SHERIDAN STREET, SUITE 215-C
City-St-Zip: HOLLYWOOD, FL 33021 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEYVA, NORIS
Address: 16325 SW 103 TERR
City-St-Zip: MIAMI, FL 33196 US

Title: ST (X) Change () Addition
Name: LEYVA, NORIS
Address: 16325 SW 103 TERR
City-St-Zip: MIAMI, FL 33196 US

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04/01/09--01022--009 **277.50

REINSTATEMENT 07-09 GA

01/30/09-60133-013- \$133.75

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: NORIS LEYVA

MGRM

01/27/2009

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