

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108280

Entity Name: DOUBLE D GROVE LLC

FILED  
Apr 13, 2009  
Secretary of State

**Current Principal Place of Business:**

3570 CANAL ST  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

3570 CANAL ST  
OVIEDO, FL 32765 US

**New Mailing Address:**

FEI Number: 20-5847293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAJEK, KAREN  
5308 CENTRAL AVE  
ST PETERSBURG, FL 33707 US

**Name and Address of New Registered Agent:**

LENNON, BRIAN  
3570 CANAL ST  
OVIEDO, FL 32765 US

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: BRIAN LENNON

04/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LENNON, BRIAN  
Address: 3570 CANAL ST  
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM ( ) Delete  
Name: LENNON, VICKIE  
Address: 3570 CANAL ST  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRIAN LENNON

MGR

04/13/2009

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