2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L06000117322

Entity Name: DOUBLE A MANAGEMENT, LLC

Current Principal Place of Business:

1535 NE 63RD STREET
OCALA, FL 34479

New Principal Place of Business:

1759 NE JACKSONVILLE RD
OCALA, FL 34470

Current Mailing Address:

1535 NE 63RD STREET
OCALA, FL 34479

New Mailing Address:

1759 NE JACKSONVILLE RD
OCALA, FL 34470

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMONS, GARY C
121 NW THIRD STREET
OCALA, FL 34479 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: LOZADA, JR., AARON
Address: 1535 NE 63RD STREET
City-St-Zip: OCALA, FL 34479

Title: MGR ( ) Delete
Name: LOZADA, LETICIA A
Address: 1535 NE 63RD STREET
City-St-Zip: OCALA, FL 34479

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LOZADA, JR., AARON
Address: 1759 NE JACKSONVILLE RD
City-St-Zip: OCALA, FL 34470

Title: MGR (X) Change ( ) Addition
Name: LOZADA, LETICIA A
Address: 1759 NE JACKSONVILLE RD
City-St-Zip: OCALA, FL 34470

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: LETICIA A LOZADA MGR 04/29/2009

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