

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2008 8:00 am
Secretary of State

07-25-2008 90015 004 ***538.75

DOCUMENT # L07000012582

1. Entity Name
DOUBLE-D RANCH LLC



Principal Place of Business
**2808 30TH STREET S.E.
RUSKIN, FL 33570**

Mailing Address
**2808 30TH STREET S.E.
RUSKIN, FL 33570**

50008947



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07142008

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311**

Name

Damon C. Glisson

Street Address (P.O. Box Number is Not Acceptable)

5908 Fortune Place

City

Apollo Beach

FL

Zip Code

33572

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

Damon C. Glisson

7/22/2008

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DIGGERS, DEAN
2808 30TH STREET S.E.
RUSKIN, FL 33570** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ 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: **X**

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

Date

Daytime Phone #

7-23-08

ATTACHMENT

Damon C. Glisson

50008947

5908 FORTUNE PLACE
APOLLO BEACH, FL 33572-2643
TELEPHONE 813-645-6796

ATTORNEY AT LAW

Fax 813-645-8572

July 23, 2008

Divisions of Corporations
P.O.Box 6478
Tallahassee, FL 32314

RE: Double-D Ranch LLC, L07000012582

Dear Sir or Madame:

This needs no EIN number as this LLC is a disregarded entity of the sole manager.

Please contact my office if you have any questions regarding this matter.

Sincerely,


Damon C. Glisson

DCG:blp
Enclosure
i:\driggers.ltr