

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000029221

Entity Name: D & A INVESTMENTS LLC

FILED  
May 27, 2008  
Secretary of State

**Current Principal Place of Business:**

648 RIDGEWOOD STREET  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

648 RIDGEWOOD STREET  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

FEI Number: 77-0700183      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

ALISA, CASELLA  
648 RIDGEWOOD STREET  
ALTAMONTE SPRINGS, FL 32701 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DANIEL, CASELLA  
Address: 648 RIDGEWOOD STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: MGRM ( ) Delete  
Name: ALISA, CASELLA  
Address: 648 RIDGEWOOD STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

**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: ALISA CASELLA

MGR

05/27/2008

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