

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000069884

Entity Name: D & M UNLIMITED, LLC

FILED  
Mar 04, 2008  
Secretary of State

## Current Principal Place of Business:

6101 WILBETH AVE  
ORLANDO, FL 32809

## New Principal Place of Business:

6101 WILBETH AVE  
ORLANDO, FL 32809 US

## Current Mailing Address:

6101 WILBETH AVE  
ORLANDO, FL 32809

## New Mailing Address:

6101 WILBETH AVE  
ORLANDO, FL 32809 US

FEI Number: 26-0500839

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

POWELL, LORRAINE D  
2238 WINTER WOODS BLVD  
WINTER PARK, FL 32792 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: BYERS, DALE E  
Address: 6101 WILBETH AVE  
City-St-Zip: ORLANDO, FL 32809

Title: MGRM ( ) Delete  
Name: BYERS, MARILYN J  
Address: 6101 WILBETH AVE  
City-St-Zip: ORLANDO, FL 32809

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BYERS, DALE E  
Address: 6101 WILBETH AVE  
City-St-Zip: ORLANDO, FL 32809 US

Title: MGRM (X) Change ( ) Addition  
Name: BYERS, MARILYN J  
Address: 6101 WILBETH AVE  
City-St-Zip: ORLANDO, FL 32809 US

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: DALE E BYERS

MGRM

03/04/2008

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