2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2008
Secretary of State

DOCUMENT# L07000126984

Entity Name: D & D MANUFACTURING, LLC

Current Principal Place of Business:

101 RIVER PARK BLVD
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

101 RIVER PARK BLVD
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 26-1814074 **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:

POLK, DALE E JR
101 RIVER PARK BLVD
TITUSVILLE, FL 32780 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: POLK, DALE E SR
Address: 101 RIVER PARK BLVD
City-St-Zip: TITUSVILLE, FL 32780

Title: MGRM ( ) Delete
Name: POLK, DALE E JR
Address: 101 RIVER PARK BLVD
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: POLK, DALE E JR
Address: 7483 WINDOVER WAY
City-St-Zip: TITUSVILLE, FL 32780

Title: MGRM (X) Change ( ) Addition
Name: POLK, DALE E SR
Address: 101 RIVER PARK BLVD
City-St-Zip: TITUSVILLE, FL 32780

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. POLK, JR MGR 07/23/2008

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