

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000000270

Entity Name: DOUBLEDEUCE LLC

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

4090 HODGES BLVD. #1512
JACKSONVILLE, FL 32224

New Principal Place of Business:

4090 HODGES BLVD
1512
JACKSONVILLE, FL 32224

Current Mailing Address:

12620-3 BEACH BLVD., #348
JACKSONVILLE, FL 32246

New Mailing Address:

4090 HODGES BLVD
1512
JACKSONVILLE, FL 32224

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HEWITT, JEFFREY A
4090 HODGES BLVD. #1512
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

HEWITT, JEFFREY A
4090 HODGES BLVD
1512
JACKSONVILLE, FL 32224 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:

04/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HEWITT, JEFFREY A
Address: 4090 HODGES BLVD. #1512
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM () Delete
Name: MCGRIFF, COREY
Address: 435 TRIPE CROWNE CIRCLE
City-St-Zip: CLAYTON, NC 27527

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MCGRIFF, COREY
Address: 106 WRIGHT ROAD
City-St-Zip: JOHNSON CREEK, WI 53038

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: JEFF HEWITT

MGR

04/13/2009

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