

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
May 26, 2009
Secretary of State**

DOCUMENT# L08000041252

Entity Name: D&K BLY INTERNATIONAL, LLC.

Current Principal Place of Business:

13 EVERGREEN AVE.
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

13 EVERGREEN AVE.
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 26-6481561 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 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: BLY, DONALD
Address: 374 TREMONT CIRCLE
City-St-Zip: VALPARAISO, IN 46385 US

Title: MGRM () Delete
Name: BLY, KRIS
Address: 374 TREMONT CIRCLE
City-St-Zip: VALPARAISO, IN 46385 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BLY, DONALD
Address: 13 EVERGREEN AVE.
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM (X) Change () Addition
Name: BLY, KRIS
Address: 13 EVERGREEN AVE
City-St-Zip: KEY WEST, FL 33040 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: DONALD BLY

MGRM

05/26/2009

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