

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107504

Entity Name: DDZ, LLC

FILED
Feb 13, 2009
Secretary of State

Current Principal Place of Business:

12811 KENWOOD LANE, SUITE 104
FORT MYERS, FL 33907

New Principal Place of Business:

12811 KENWOOD LANE
SUITE 104
FORT MYERS, FL 33907

Current Mailing Address:

12811 KENWOOD LANE, SUITE 104
FORT MYERS, FL 33907

New Mailing Address:

12811 KENWOOD LANE
SUITE 104
FORT MYERS, FL 33907

FEI Number: 26-4251925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, MICHAEL
12811 KENWOOD LANE, SUITE 104
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

STEWART, MICHAEL
12811 KENWOOD LANE
SUITE 104
FORT MYERS, FL 33907 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: MICHAEL STEWART

02/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STEWART, MICHAEL
Address: 12811 KENWOOD LANE, SUITE 104
City-St-Zip: FORT MYERS, FL 33907

Title: MGRM () Delete
Name: SALVIA, GERALDINE
Address: 1716 NW 9TH TERRACE
City-St-Zip: CAPE CORAL, FL 33993

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: MICHAEL STEWART

MGR

02/13/2009

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