

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000092948

**Entity Name:** DBL MANAGEMENT, LLC

**FILED**  
**Jul 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4841 ARTESIAN ROAD  
LAND O' LAKES, FL 34638

**New Principal Place of Business:**

**Current Mailing Address:**

4841 ARTESIAN ROAD  
LAND O' LAKES, FL 34638

**New Mailing Address:**

**FEI Number:** 45-3031311

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SMITH, THOMAS B  
150 2ND AVENUE NORTH, SUITE 1100  
ST. PETERSBURG, FL 33701 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  
**Name:** LOVELACE, DAVID B  
**Address:** 4841 ARTESIAN ROAD  
**City-St-Zip:** LAND O LAKES, FL 34638 US

I hereby 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: BROCK LOVELACE

MGRM

07/10/2012

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