

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000009

FILED  
Mar 04, 2008  
Secretary of State

Entity Name: DOUBLE RL ENTERPRISES, L.C.

**Current Principal Place of Business:**

1499 SW 30TH AVE.  
SUITE 2  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

4705 SABAL PALM DRIVE  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

1499 SW 30TH AVE.  
SUITE 2  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

4705 SABAL PALM DRIVE  
BOYNTON BEACH, FL 33436

FEI Number: 65-0800923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VALASHINAS, KIMBERLY M  
1499 SW 30TH AVE.  
SUITE 2  
BOYNTON BEACH, FL 33426 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: VALASHINAS, ROBERT L  
Address: 1499 S.W. 30TH AVE, SUITE 2  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGRM ( ) Delete  
Name: VALASHINAS, KIMBERLY M  
Address: 1499 S.W. 30TH AVE, SUITE 2  
City-St-Zip: BOYNTON BEACH, FL 33426

**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: ROBERT VALASHINAS

MGRM

03/04/2008

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