

2001 UNIFORM BUSINESS REPORT (UBR)

0025626 AF

DOCUMENT # L98000002504

1. Entity Name
DD&LL ENTERPRISES, L.L.C.

Principal Place of Business
3110 ROSE MARIE DRIVE
TITUSVILLE FL 32796-2321

Mailing Address
3110 ROSE MARIE DRIVE
TITUSVILLE FL 32796-2321

FILED

01 FEB 26 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3538551

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINCH, LINDA L
3110 ROSE MARIE DRIVE
TITUSVILLE FL 32796-2321

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 *Linda L. Finch* LINDA L. FINCH

2/19/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
NAME FINCH, DON DWIGHT
STREET ADDRESS 3110 ROSE MARIE DRIVE
CITY-ST-ZIP TITUSVILLE FL 32796-2321 ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
3000003784199-7
-02/28/01-01011-004
*****50.00 *****50.00

TITLE NAME MGRM
NAME FINCH, LINDA L
STREET ADDRESS 3110 ROSE MARIE DRIVE
CITY-ST-ZIP TITUSVILLE FL 32796-2321 ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Linda L. Finch* LINDA L. FINCH, M.P.

2/19/01

321-258-2858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)