UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State
03-07-2002 90151 015 ****50.00

DOCUMENT # L98000002504

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

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826580

2. Principal Place of Business	3. Mailing Address
3110 ROSEMARIE DRIVE	1713 Sunset Isle Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Titusville, Fl	City & State: FORT PIERCE, Fl.
Zip: 32796 Country: USA	Zip: 34949 Country: USA

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4. FEI Number: 59-3538551 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: LINDA FINCH
Street Address (P.O. Box Number is Not Acceptable): 1713 Sunset Isle Road
City: FORT PIERCE FL Zip Code: 34949

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 Finch DATE: 2/20/2002
Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FINCH DON DWIGHT
STREET ADDRESS	1713 SUNSET Isle Road
CITY-ST-ZIP	FORT PIERCE, Fl. 34949
TITLE	MGRM
NAME	FINCH, LINDA
STREET ADDRESS	1713 Sunset Isle Rd
CITY-ST-ZIP	FORT PIERCE, Fl. 34949
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Finch MP