

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L98000002504**

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



Principal Place of Business  
**1713 SUNSET ISLES ROAD  
FORT PIERCE, FL 34949 US**

Mailing Address  
**1713 SUNSET ISLE ROAD  
FORT PIERCE, FL 34949 US**



01152008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3538551**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FINCH, LINDA L  
1713 SUNSET ISLE ROAD  
FORT PIERCE, FL 34949**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM FINCH, DON DWIGHT 1713 SUNSET ISLE ROAD FORT PIERCE, FL 34949</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM FINCH, LINDA L 1713 SUNSET ISLE ROAD FORT PIERCE, FL 34949</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000789329  
01/22/08-80022-006 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

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

1/15/2008 321-289-8059

Date

Daytime Phone #