

# geauxBIZ

## Web Order Receipt

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Order #:	13816320 [Reference 3134819]	Payment Type:	MASTERCARD
Payment Date:	10/9/2019	Account Number:	....4346
Requester:	david.dammon@gmail.com	Total Amount Charged:	\$35.00
Entity Name:	DSDSD, LLC		

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### Items:

Agency	Item	Description	Status	Cost	Quantity
Louisiana Secretary of State	Annual Report	DSDSD, LLC	Complete	\$30.00	1
		State Fee*		\$5.00	1

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\* Thank you for your payment. Your credit card was authorized and will be charged for services provided by the Louisiana Secretary of State. This charge will indicate SOS COMMERCIAL as the payee and include a \$5.00 state fee for processing the transaction in accordance with Louisiana revised statute 49:316:1. This receipt will update as work is completed. If your filing is rejected for any reason, we will release the authorization for the filing fee.

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<b>R. Kyle Ardoin</b> <b>Secretary of State</b> 	<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>For Period Ending</b> 11/8/2019	 36046994K  2019
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<b>Mailing Address Only (INDICATE CHANGES TO THIS ADDRESS IN THIS BOX)</b> 36046994 K DSDSD, LLC  554 OLD SPANISH TRAIL SLIDELL, LA 70458	1	<b>(INDICATE CHANGES TO THIS ADDRESS IN THIS BOX)</b> <b>Registered Office Address in Louisiana (Do not use P. O. Box)</b> 554 OLD SPANISH TRAIL SLIDELL, LA 70458  Federal Tax ID Number
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Our records indicate the following registered agents for the company. Indicate any changes or deletions below. All agents must have a Louisiana address. Do not use a P. O. Box. **A**

**NEW REGISTERED AGENT REQUIRES A NOTARIZED SIGNATURE**

DAVID DAMMON  
 285 CROSS GATES BLVD. SLIDELL, LA 70461

I hereby accept the appointment of registered agent(s).	Sworn to and subscribed before me on NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #
<b>New Registered Agent Signature</b>	<b>Notary Signature</b>
	<b>Date</b>

This report reflects a maximum of three members/managers for the company. Indicate any changes or deletions below. Include a listing of all names and addresses. Do not use a P. O. Box. If additional space is needed attach an addendum. *Officer titles, such as president or secretary are not acceptable.*

STEVE STUBENRACH 3030 S. PALM SLIDELL, LA 70460	Member
ROY STUBENRAUCH 101 JANE DR. SLIDELL, LA 70460	Member
DAVID DAMMON 285 CROSS GATES BLVD SLIDELL, LA 70461	Manager

The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to the fine or imprisonment or both under R.S. 14:133.

<b>SIGN →</b>	<b>To be signed by a manager, member, or agent</b> David Dammon (SIGNED ELECTRONICALLY)	Title DSDSD Manager	Phone	Date 10/09/2019
	Signee's address	Email Address ON FILE		(For Office Use Only)

Enclose filing fee of \$30.00 <b>Make remittance payable to Secretary of State</b> <b>Do Not Send Cash</b> <b>Do Not Staple</b> web site: <a href="http://www.sos.louisiana.gov">www.sos.louisiana.gov</a>	<b>Return by:</b> 11/8/2019  <b>To: Commercial Division</b> <b>P. O. Box 94125</b> <b>Baton Rouge, LA 70804-9125</b> <b>Phone (225) 925-4704</b>
<b>DO NOT STAPLE</b>	5

# Annual Report Supplemental Page for Period Ending 11/8/2019

**Charter Number :** 36046994K

**Charter Name:** DSDSD, LLC

## **Additional Officers**

MAXINE ANN SCHARFF DAMMON TRUSTEE OF THE  
EMMETT GEORGE DAMMON, JR. CREDIT SH  
Member  
34487 TORREGANO RD SLIDELL, LA 704602943

BARBARA DUCOTE, EXECUTRIX SUCCESSION OF  
CHRIS DUCOTE Member  
105 AMES CT SLIDELL, LA 70461