

" Exhibit B "

BID SUBMITTAL FORM

The undersigned hereby declare(s) that [firm name] DDS Enterprises LLC
has carefully examined the specifications to furnish the products and/or services detailed in the
technical specifications or scope of work and will furnish said product or services according to
the specifications or scope of work detailed within this ITB.

I hereby certify that I have read and understand the requirements of this Invitation to Bid and that
I, as the proposer, will comply with all requirements, and that I am duly authorized to execute
this proposal/offer document and any contract(s) and/or other transactions required by award of
this ITB.

Vendor hereby acknowledges that the submittal has been approved by an authorized signatory
with the firm who is authorized to execute contracts/agreements with the County of Volusia.
Vendor further agrees that by submitting the proposal electronically, the authorized signatory
does thereby accept and acknowledge use as an official record with Volusia County.

Further, as attested to by below signature, I will provide the required insurance, per the *Required
Types of Insurance*, upon notification of recommendation of award.

The vendor acknowledges that information provided in this bid is true and correct:

x *Nick Shephard*

Signature / Authorized Signatory

Nicholas M Shephard

Printed Name

VP

12/18/2024

Title

Date

DDS Enterprises LLC

Company Name

463 Shaw Lake Road Pierson, FL 32180

Full Address

386-490-5631

DDSEnterprisesLLC@yahoo.com

Telephone

Fax

E-mail Address

076994033

88-1236738

Dun & Bradstreet #

Federal I.D. #

[DDS ENTERPRISES LLC] RESPONSE DOCUMENT REPORT
 ITB No. 25-B-17JS
 Concrete Installation, Removal, and Delivery

Line Item	Description	Unit of Measure	Unit Cost
1	Removal of Existing Concrete Sidewalk & Driveways (4-inch thick)	SY	\$11.00
2	Removal of Existing Concrete Sidewalk & Driveways (6-inch thick)	SY	\$12.00
3	Removal of Existing Concrete Curb & Gutter (All Types)	LF	\$8.00
4	Removal of Existing Miscellaneous Concrete	CY	\$165.00
5	Clearing and Grubbing	SY	\$4.00
6	Regular Excavation (Bank Measure)	CY	\$13.00
7	Embankment (Truck Measure)	CY	\$17.50
8	Type F Concrete Curb & Gutter (< 50 LF)	LF	\$27.50
9	Type F Concrete Curb & Gutter (>= 50 LF)	LF	\$25.00
10	Concrete Drop Curb & Gutter (< 50 LF)	LF	\$25.00
11	Concrete Drop Curb & Gutter (>= 50 LF)	LF	\$23.00
12	Type D Concrete Curb (< 50 LF)	LF	\$25.00
13	Type D Concrete Curb (>= 50 LF)	LF	\$23.50
14	4-inch thick Concrete Sidewalk (< 90 SY)	SY	\$55.00
15	4-inch thick Concrete Sidewalk (>= 90 SY)	SY	\$35.00
16	6-inch thick Concrete Sidewalk & Driveway (< 90 SY)	SY	\$70.00
17	6-inch thick Concrete Sidewalk & Driveway (>= 90 SY)	SY	\$45.00

[DDS ENTERPRISES LLC] RESPONSE DOCUMENT REPORT
 ITB No. 25-B-17JS
 Concrete Installation, Removal, and Delivery

Line Item	Description	Unit of Measure	Unit Cost
18	Miscellaneous Concrete Class I including formwork (3000 psi)	CY	\$450.00
19	Miscellaneous Concrete Class II including formwork (4500 psi)	CY	\$475.00
20	Add Fibermesh to Sidewalk, Driveway and Misc. Concrete	CY	\$10.00
21	Reinforcing Steel for Miscellaneous Concrete	LB	\$2.00
22	Surface Applied ADA Detectable Warnings	SF	\$25.00
23	Performance Turf (Bahia Sod)	SY	\$4.25
24	Performance Turf (St Augustine/Floritam)	SY	\$7.50
25	Single Post Sign (Relocate)	EA	\$150.00
26	Short-Load Trip Charge (Projects < 10 CY)	EA	\$450.00
27	Temporary Traffic Control for Lane Closure with Flaggers	DAY	\$850.00
28	Temporary Traffic Control for Lane Closure without Flaggers	DAY	\$650.00
29	Pedestrian/Bicycle Railing (steel)	LF	\$295.00
30	Pedestrian/Bicycle Railing (aluminum)	LF	\$225.00
31	Pipe Guiderail (aluminum)	LF	\$225.00
32	Pipe Guiderail (steel)	LF	\$180.00
33	Labor for railing, guiderail, and handrail installation when County supplied (minimum foreman + 3 laborers)	HR	\$85.00



Concrete Installation, Removal, and Delivery

Last updated by [Addendum #3](#) on Dec 16, 2024 12:32 PM

[See what changed](#)

Invitation For Bid

Road and Bridge

75033, 75035, 75060, 75072

Project ID: 25-B-17JS

Release Date: Thursday, November 14, 2024

Due Date: Thursday, December 19, 2024 3:01pm

Posted Thursday, November 14, 2024 9:00am

All dates & times in Eastern Time

DDS Enterprises LLC Response

CONTACT INFORMATION

Company

DDS Enterprises LLC

Email

ddsenterprisesllc@yahoo.com

Contact

Nick Shephard

Address

463 Shaw Lake Rd
Pierson, FL 32180

Phone

N/A

Website

N/A

Submission Date

Dec 19, 2024 11:06 AM (Eastern Time)

ADDENDA CONFIRMATION

Addendum #1

Confirmed Dec 16, 2024 10:32 AM by Nick Shephard

Addendum #2

Confirmed Dec 18, 2024 9:10 AM by Nick Shephard

Addendum #3

Confirmed Dec 18, 2024 9:10 AM by Nick Shephard

QUESTIONNAIRE

1. Acknowledgements

1.1. Acknowledgment*

By checking yes, the Respondent acknowledges the following:

- Information provided in the response is true and correct and that the submission of a response is final.
- The Respondent agrees to all terms and conditions contained in this solicitation and related exhibits.
- Respondent further agrees and acknowledges that no proprietary or confidential information has been submitted. By submitting this proposal or entering into this contract, Contractor/Respondent acknowledges that all documents submitted are public records and agrees that any records maintained, generated, received, or kept in connection with, or related to the performance of services or delivery of products provided under this proposal or contract are public records subject to the public records disclosure requirements of Florida Statutes sec. 119 et seq., and Article I, section 24 of the Florida Constitution.
- Responses may be withdrawn by the Respondent prior to the closing/offer date. Following the closing date, Respondent understands that a response may not be withdrawn.

Yes

1.2. Scope of Services Acknowledgement*

By checking yes, vendor acknowledges the above and/or included Scope of Services and will furnish said product and/or services according to the specifications or scope of services detailed within this Solicitation if awarded.

Yes

1.3. By checking yes, the vendor agrees to comply with the E-Verify requirements as described in this section.*

The Contractor shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Contractor / Consultant on or after the effective date of this Agreement and thereafter during the remaining term of the Agreement, including Subcontractors. Any subcontract entered into by Contractor with any Subcontractor performing work under this contract shall include the following language: "The Subcontractor shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Contractor on or after the effective date of this Agreement and thereafter during the remaining term of the Agreement." The Contractor covenants and agrees that if it is found in violation of this section or the Executive Order, such violation shall be a material breach of this Agreement and Contractor shall indemnify, defend and hold harmless the County from any fines or penalties levied by a government agency, including the loss or repayment of grant funds by the County.

Yes

1.4. Registration on SAM.gov*

For any federally funded project, bidder agrees to register on SAM.gov if awarded a contract under this solicitation.

Yes

1.5. Insurance Acknowledgement*

By checking yes, Respondent agrees to the insurance requirements as detailed in the Required Types and Limits of Insurance Chart and the Required Types of Insurance; Insurance Requirements; and Proof of Insurance sub-sections in "General Terms and Conditions".

Yes

1.6. Drug-Free Workplace*

By selecting "Yes", Respondent hereby acknowledges it has implemented the requirements of Florida statute 287.087 and is in compliance with the requirements of a drug-free workplace program.

Yes

1.7. Name and Title of Authorized Agent of the Respondent*

Respondent acknowledges that the name and title of the signatory (the "Authorized Signatory"), as completed below, is authorized to execute contracts/agreements with the County of Volusia, and any affixed electronic or conformed signature of the Authorized Signatory shall be the act of and attributable to the Authorized Signatory. By signing this Agreement electronically, the Authorized Signatory does thereby adopt the electronic or conformed signature as his or her own and designates a copy of same for use as an official record by the County of Volusia.

If the below-named individual is not an authorized agent of the firm, as listed with the Florida Division of Corporations (Sunbiz), a Memorandum of Authority shall be uploaded giving that individual authorization to commit the firm to a contract.

Please provide the Complete Name and Title which shall indicate acknowledgment.

Nicholas M Shephard - VP

1.8. Conflict of Interest*

The award of this Solicitation is subject to Chapter 112, Florida Statutes. All respondents must disclose with their response the name of any officer, director, or agent who is also an employee of the County of Volusia. Further, all respondents must disclose the name of any County of Volusia employee who owns, directly or indirectly, an interest of the Respondent's/Supplier's firm or any of its subsidiaries associated with this project. I certify that this proposal is made without prior understanding, agreement or connection with any corporation, firm or person submitting a proposal for the same services, and is in all respects fair and without collusion or fraud.

Respondent shall select 'No' if a conflict of interest as defined in this question does NOT exist. Please select 'Yes' if a conflict of interest as defined in this question DOES exist and shall be further described in the explanation below.

No

1.9. Do you or any owner(s), principal(s), or officer(s) of your firm currently serve on any Volusia County board(s) or committee(s)?*

No

2. Revisions, Addenda, Questions & Answers

All answers to questions of substance will be publicly published using the Question & Answer feature.

Participants are required to review all revisions and answers to questions published. Revisions within the Solicitation as well as responses posted through the 'Question & Answer' feature are authoritative and shall be considered an addendum to the Solicitation. All information in this Solicitation, including information provided through the 'Question & Answer' feature are incorporated into the Solicitation or any Contract resulting from this Solicitation.

3. Public Entity Crime

3.1. Public Entity Crime Acknowledgement*

Public Entity Crimes - Pursuant to Section 287.133(12)(a) of the Florida Statutes, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a Submittal Package (Bid Response) on a contract to provide any goods or services to a public entity, may not submit a bond on a contract with a public entity for the construction or repair of a public building or public work, may not submit Submittal Package (Bid Response) on leases of real property to a public entity may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 for Category Two (\$25,000) for a period of 36 months from the date of being placed on the convicted vendor list. Respondent should read carefully all provisions of 287.133 and 287.134, Florida Statutes (2005).

By selecting 'Yes', the Respondent represents and warrants that the submission of its response/proposal does not violate Section 287.133, Florida Statutes (2005), nor Section 287.134, Florida Statutes (2005) or their successor. In addition to the foregoing, the Respondent represents and warrants that Respondent, Respondent's subcontractors and Respondent's implementer, if any, is not under investigation for violation of such statutes.

Yes

4. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

4.1. Acknowledgment Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion*

By selecting 'Yes' below, the Respondent certifies to the best of its knowledge and belief, that the firm and any subcontractor/supplier in accordance with a response to this solicitation:

- are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency
- have not within a three-year period preceding this bid proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in the previous paragraph of this certification.
- have not within a three (3) year period preceding this bid proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Yes

5. Scrutinized Companies Certification

Per State of Florida Statute s. 287.135(5) Suppliers (companies) must acknowledge and agree to the 'Certification Regarding Prohibition Against Contracting with Scrutinized Companies' paragraph listed below. Respondents shall agree by marking the option below. Respondents neglecting to respond may be disqualified from consideration of award and deemed non-responsive.

I hereby certify that neither the responding entity, nor any of its wholly owned subsidiaries, majority-owned subsidiaries, parent companies, or affiliates of such entities or business associations, that exists for the purpose of making profit have been placed on the Scrutinized Companies That Boycott Israel List created pursuant to s. 215.4725 of the Florida Statutes, or are engaged in a boycott of Israel.

In addition, if this Solicitation is for a contract for goods or services where the total contract value is one million dollars (\$1,000,000) or more, I hereby certify that neither the responding entity, nor any of its wholly owned subsidiaries, majority-owned subsidiaries, parent companies, or affiliates of such entities or business associations, that exists for the purpose of making profit are on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to s. 215.473 of the Florida Statutes, or are engaged in business operations in Cuba or Syria as defined in said statute.

I understand and agree that the County may immediately terminate any contract resulting from this Solicitation upon written notice if the responding entity (or any of those related entities of respondent as defined above by Florida law) are found to have submitted a false certification or any of the following occur with respect to the company or a related entity: (i) it has been placed on the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, or (ii) for any contract for goods or services of one million dollars (\$1,000,000) or more, it has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or it is found to have been engaged in business operations in Cuba or Syria.

5.1. By selecting 'Yes', the respondent acknowledges and agrees to the 'Certification Regarding Prohibition Against Contracting with Scrutinized Companies.'*

Yes

6. Forms/Documentation

6.1. Bid Submittal Form *

Please download the below documents, complete, and upload.

[Volusia Bid Submittal Form.pdf](#)

[Volusia Bid Submittal Form_\(3\).pdf](#)


6.2. Memorandum of Authority

If the Authorized Signatory identified in Section 1.11 above is not an authorized agent of the firm, as listed with the Florida Division of Corporations (Sunbiz), a memorandum of authority, signed by an authorized agent, shall be uploaded in this section giving that individual (Authorized Signatory) the authority to commit the firm to a contract.

No response submitted

6.3. W-9*

Please attach current W-9 Form

 [W9_SIGNED.pdf](#)

6.4. Proof of Insurance *

Please provide Proof of Insurance - evidence of required insurance coverage or proof of insurability in the amounts indicated. If available, a properly completed ACORD Form is preferable. Upon award, final forms must contain the correct solicitation and/or project number and Volusia County contact person.

Firms that have owner/operators that have filed a "Notice of Election to be Exempt" shall submit a copy with the response


 [LAKE COUNTY - Liability.pdf](#)

6.5. Hold Harmless Agreement

Please download the below document, complete, and upload.

Only upload if applicable in accordance with Florida Law.

 [Volusia Hold Harmless Agreement\(492425\).pdf](#)

 [Hold_Harmless.pdf](#)

6.6. Professional Certification/Licenses*

Respondent and their Subconsultants/Subcontractors shall have a current professional license from the appropriate governing board to practice in the State of Florida at the time of its submittal. Respondent and their Subconsultants/Subcontractors shall submit with their submittal, copies of their professional license.


Licenses shall remain current for the entire term of the Contract resulting from this solicitation.

 [Nick's_GC_License.pdf](#)

6.7. Florida Department of State, Division of Corporations' Detail by Entity Name Report *

Florida Department of State, Division of Corporations' Detail by Entity Name Report

Provide a Florida Department of State, Division of Corporations' detail by entity name report for your firm, available at www.sunbiz.org. The Respondent shall be required, upon notification of recommendation of award, to register with the Florida Department of State Division of Corporations at www.sunbiz.org in order to provide services under the resulting Contract.

 [Sunbiz_page.pdf](#)

6.8. Certification Affidavit by Prime Contractor as Local Business*

Certification Affidavit by Prime Contractor as Local Business

Vendor acknowledges that, as the respondent:

- Vendor has been in business for a minimum of six (6) months prior to the date of this submission
- Vendor acknowledges the ability to provide proof of local business presence from a local jurisdiction if required per Volusia County local preference ordinance found at

<https://www.volusia.org/core/fileparse.php/4537/urlt/Local-Preference-from-MuniCode.pdf>

By selecting "Yes", I acknowledge the local preference requirements and understand these requirements shall remain for the entire term of the agreement. I further understand that failure to notify the County of Volusia of any change in status as a result of an awarded agreement may result in breach.

Yes

6.9. Certification Affidavit of Subcontractor as Local Business *

The respondent certifies to the best of its knowledge and belief, that any subcontractor/supplier in accordance with a response to this solicitation:

- Subcontractor/supplier has been in business for a minimum of six (6) months prior to the date of this submission
- Subcontractor/supplier acknowledges the ability to provide proof of local business presence from a local jurisdiction if required per Volusia County local preference ordinance found at

<https://www.volusia.org/core/fileparse.php/4537/urlt/Local-Preference-from-MuniCode.pdf>

By selecting "Yes", I acknowledge the subcontractor local preference requirements and understand these requirements shall remain for the entire term of the agreement. I further understand that failure to notify the County of Volusia of any change in status as a result of an awarded agreement may result in breach.

Yes

6.10. Prohibition Against Contingent Fees*

Respondent shall properly complete, notarize and upload the attached disclosure statement certifying that he or she has not employed or retained any company or person, other than a bona fide employee working solely for the respondent to solicit or secure this contract and that he or she has not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for the respondent any fee, commission, percentage, gift, or other consideration contingent upon or resulting from award or making of this contract.

[📎 Prohibition Against Contingent Fees\(489042\).pdf](#)

[📎 Contingency Fees.pdf](#)

6.11. Human Trafficking Attestation Pursuant to Section 787.06, Florida Statutes*

A duly authorized officer or representative of the Respondent (non-governmental entity) shall complete the included Volusia Human Trafficking Attestation Form in compliance with Section 787.06(13), Florida Statutes, (2024).

Download the attached form, complete, and upload completed form.

[📎 Volusia_Human_Trafficking_Affidavit_08-07-2024_Solicitation_Document.pdf](#)

[📎 Volusia_Human_Trafficking_Affidavit_08-07-2024_Solicitation_Document_\(1\).pdf](#)

7. Additional Information

7.1. Delivery and/or availability*

Please provide your delivery and/or availability timeframe:

24/7/365

7.2. Do you accept electronic funds transfer (EFT)? *

Yes

7.2.1. If YES to EFT question above, provide percentage: *

If you indicated YES to accepting Electronic Funds Transfer, what percentage discount will you offer when accepting payment via EFT?

0

7.3. Payment Terms *

Will you offer a discount for payment terms less than the County's NET45? If so, please provide the % and day requirement for the discount. (Example: 5% for payment within 30 days)

0

7.4. Please submit your total number of employees. *

5

7.5. Are you a sole proprietor? *

No

7.6. Fuel Redetermination *

The following information is required in order to be considered for a future price redetermination for fuel.

Assuming that the prices quoted include costs for vehicles, maintenance, repair, insurance, fuel, wages, insurances and other employee benefits, materials, overhead, operating expenses, etc., what percentage of the rate is directly attributed to the cost of fuel?

The total for all of the pricing redetermination percentages in these sections shall not exceed 100.

Complete percentage amount below:

5

7.7. Which fuel type does your firm use primarily: *

diesel fuel

7.8. Wage Redetermination *

The following information is required in order to be considered for a future price redetermination for wages.

Assuming that the prices quoted include costs for vehicles, maintenance, repair, insurance, fuel, wages, materials, overhead, operating expenses, etc., what percentage of the rate is directly attributed to the cost of wages?

The total for all of the pricing redetermination percentages in these sections shall not exceed 100.

Complete percentage amount below:

70

7.9. Materials Redetermination *

The following information is required in order to be considered for a future price redetermination for materials.

Assuming that the prices quoted include costs for vehicles, maintenance, repair, insurance, fuel, wages, insurances and other employee benefits, materials, overhead, operating expenses, etc., what percentage of the rate is directly attributed to the cost of materials?

The total for all of the pricing redetermination percentages in these sections shall not exceed 100.

Complete percentage amount below:

25

7.10. References *

Please download the below documents, complete, and upload.

The information provided in this section, must be current and the County must be able to contact references for verification as part of the evaluation process. It is the firm's responsibility to ensure E-mail addresses provided are current and accurate.

Unless specifically asked by the County, the County of Volusia shall not be listed as a reference. The respondent shall provide examples of similar projects which best illustrates the Consultant's qualification for the scope of services.

[References_Form\(492427\).pdf](#)

[References_Form\(492427\).pdf](#)

PRICE TABLES

Concrete Installation, Delivery, and Removal

Bidder shall bid on all item listed in this section. The County may award to multiple vendors for the purpose of ensuring availability at the time the services are requested.

Line Item	Description	Unit of Measure	Columns
1	Removal of Existing Concrete Sidewalk & Driveways (4-inch thick)	SY	Columns
2	Removal of Existing Concrete Sidewalk & Driveways (6-inch thick)	SY	
3	Removal of Existing Concrete Curb & Gutter (All Types)	LF	
4	Removal of Existing Miscellaneous Concrete	CY	
5	Clearing and Grubbing	SY	
6	Regular Excavation (Bank Measure)	CY	
7	Embankment (Truck Measure)	CY	
8	Type F Concrete Curb & Gutter (< 50 LF)	LF	
9	Type F Concrete Curb & Gutter (>= 50 LF)	LF	
10	Concrete Drop Curb & Gutter (< 50 LF)	LF	
11	Concrete Drop Curb & Gutter (>= 50 LF)	LF	
12	Type D Concrete Curb (< 50 LF)	LF	
13	Type D Concrete Curb (>= 50 LF)	LF	
14	4-inch thick Concrete Sidewalk (< 90 SY)	SY	
15	4-inch thick Concrete Sidewalk (>= 90 SY)	SY	

16	6-inch thick Concrete Sidewalk & Driveway (< 90 SY)	SY
17	6-inch thick Concrete Sidewalk & Driveway (>= 90 SY)	SY
18	Miscellaneous Concrete Class I including formwork (3000 psi)	CY
19	Miscellaneous Concrete Class II including formwork (4500 psi)	CY
20	Add Fibermesh to Sidewalk, Driveway and Misc. Concrete	CY
21	Reinforcing Steel for Miscellaneous Concrete	LB
22	Surface Applied ADA Detectable Warnings	SF
23	Performance Turf (Bahia Sod)	SY
24	Performance Turf (St Augustine/Floratan)	SY
25	Single Post Sign (Relocate)	EA
26	Short-Load Trip Charge (Projects < 10 CY)	EA
27	Temporary Traffic Control for Lane Closure with Flaggers	DAY
28	Temporary Traffic Control for Lane Closure without Flaggers	DAY
29	Pedestrian/Bicycle Railing (steel)	LF

REFERENCES

Agency #1	City of Debary		
Address	16 Colomba Road		
City, State, ZIP	Debary, FL		
Contact Person	Chad Qualls		
E-mail	CQualls@debary.org	Phone:	407-401-3107
Date(s) of Service	Oct 24 - Present		
Type of Service	Stormwater, concrete, asphalt repair		
Comments:			
Agency #2	Lake County Parks and Rec		
Address	315 W Main Street		
City, State, ZIP	Tavares, FL		
Contact Person	Shane Strew		
E-mail	Shane.Strew@LakeCountyFL.gov	Phone:	352-516-4916
Date(s) of Service	Oct 24 - present		
Type of Service	Concrete sidewalks, pads, handrialing		
Comments:			
Agency #3	City of Ormond Beach		
Address	22 S Beach Street		
City, State, ZIP	Ormond Beach, FL		
Contact Person	Ron Burk		
E-mail	Ron.Burk@OrmondBeach.org	Phone:	386-527-4088
Date(s) of Service	2024-Present		
Type of Service	Concrete Install, Repair, Maintenance		
Comments:			



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

SHEPHARD, NICHOLAS MICHAEL

DDS ENTERPRISES, LLC

463 SHAW LAKE RD

PIERSON FL 32180

LICENSE NUMBER: CGC1535446

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com



ISSUED: 08/27/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
DDS ENTERPRISES, LLC

Filing Information

Document Number	L22000098471
FEI/EIN Number	88-1236738
Date Filed	02/24/2022
State	FL
Status	ACTIVE
Last Event	LC AMENDMENT
Event Date Filed	04/26/2022
Event Effective Date	NONE

Principal Address

463 SHAW LAKE RD
PIERSON, FL 32180

Mailing Address

463 SHAW LAKE RD
PIERSON, FL 32180

Registered Agent Name & Address

SHEPHARD, NICHOLAS M
463 SHAW LAKE RD
PIERSON, FL 32180

Name Changed: 05/19/2022

Authorized Person(s) Detail

Name & Address

Title MGR

SHEPHARD, MELISSA J
463 SHAW LAKE RD
PIERSON, FL 32180 UN

Title MGR

SHEPHARD, NICHOLAS M
463 SHAW LAKE ROAD
PIERSON, FL 32180

Annual Reports

Report Year	Filed Date
2023	02/01/2023

Document Images

02/01/2023 – ANNUAL REPORT	View image in PDF format
05/19/2022 – LC Amendment	View image in PDF format
04/26/2022 – LC Amendment	View image in PDF format
02/24/2022 – Florida Limited Liability	View image in PDF format

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.
See Specific Instructions on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Nicholas M Shephard	
2 Business name/disregarded entity name, if different from above. DDS Enterprises LLC	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) S Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
5 Address (number, street, and apt. or suite no.). See instructions. 463 Shaw Lake Road	Requester's name and address (optional)
6 City, state, and ZIP code Plerson, FI 32180	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

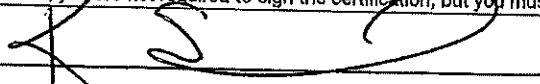
Social security number								
			-					
or								
Employer identification number								
8	8	-	1	2	3	6	7	3 8

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person 	Date 8/30/24
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An Individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



DDSENTE-01

BLENNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/1/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lane-Lennon Commercial Insurance LLC 120 S Woodland Blvd., Suite 209 Deland, FL 32720	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED DDS Enterprises, LLC 463 Lake Shaw Rd Pierson, FL 32180	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Evanston Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			3AA755283	2/17/2024	2/17/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
LAKE COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA, LAKE COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA is included as an additional insured under general liability if required by written contract with the named insured, per attached endorsement MEGL 0009-01 09 18. General liability is primary and noncontributory if required by written contract with the named insured, per attached endorsement CG 20 01 04 13. Waiver of subrogation applies if required by written contract with the named insured, per attached endorsement MEGL 0241-01 05 16.

CERTIFICATE HOLDER

CANCELLATION

LAKE COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA,
AND THE BOARD OF COUNTY COMMISSIONERS.
P.O. BOX 7800
Tavares, FL 32778

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

HOLD HARMLESS AGREEMENT

I, Nicholas M Shephard, (print owner's name), am the owner of DDS Enterprises LLC (print company name), an incorporated/unincorporated business operating in the State of Florida. As such, I am bound by all laws of the state of Florida, including but not limited to those regarding the workers' compensation law.

I hereby affirm that I or [the above-named business] employs fewer than four employees, all of whom are listed below, including myself, and therefore, the business is exempt from the statutory requirement for workers' compensation insurance for its employees. I certify that I will provide the County of Volusia with the name of each new employee together with all required waivers and releases for each prior to any employee being allowed to work to provide services under the Contract set forth below. If any such employee is allowed to work without a signed waiver and release, such action will be a material breach of this Agreement. All signed waivers and releases shall be furnished before the commencement of any work by an employee or the undersigned to the County Project Manager or designated county representative.

On December 16, 2024, the County of Volusia and I or (the above-named business) entered into a Contract for Concrete Installation Removal and Delivery (please insert name of Contract) (hereinafter "Agreement") which is incorporated by reference herein.

On behalf of myself, my business, and the employees listed below, I and they hereby agree to waive and release any and all workers' compensation claims or liens under Chapter 440, Florida Statutes, against the County of Volusia and its agents, officials and employees, arising from any work or services provided under the Agreement whether or not it shall be alleged or determined that the act was caused by intention, or through negligence or omission of the County of Volusia or its agents, officials and employees or subcontractors.

In the event that a workers' compensation claim or lien is made against the County of Volusia and/or its agents, officials or employees by myself or my employees or agents as a result of any work or services performed under the Agreement, I agree to indemnify, keep and hold harmless the County of Volusia, Florida, its agents, officials and employees, against all injuries, deaths, losses, damages, claims, liabilities, judgments, costs and expenses, direct, indirect or consequential (including, but not limited to, fees and charges of attorneys and other professionals) arising out of the Agreement with the County of Volusia, whether or not it shall be alleged or determined that the act was caused by intention or through negligence or omission of the County of Volusia or its employees, agents, or subcontractors. I or the above-named business shall pay all charges of attorneys and all costs and other expenses incurred in connection with the indemnity provided herein, and if any judgment shall be rendered against the County of Volusia in any action indemnified hereby, I or the above-named business shall, at my or its own expense, satisfy and discharge the same. The foregoing is not intended nor should it be construed as, a waiver of sovereign immunity of the COUNTY OF VOLUSIA under Section 768.28, Florida Statutes.

Owner:

Nicholas M. Shephard (print name)

(signature)

[Signature]

Employee 1: _____ (print name)

(signature)

Employee 2: _____ (print name)

(signature)

Employee 3: _____ (print name)

(signature)

STATE OF

Florida

COUNTY OF

Volusia

Sworn to and subscribed before me this 16th day of Dec, 2024, by
Nicholas M. Shephard, who is/are personally known to me or
who has/have produced FL DL S163 633 86 151 0 as identification.



CASEY OVERHOLT
Commission # HH 426879
Expires August 26, 2027

Casey CO

NOTARY PUBLIC - STATE OF FL

Type or print name:

Casey Overholt

Commission No.:

HH 426879

Commission Expires:

8-26-2027

(Seal)

Contractor Name: DDS Enterprises LLC

Solicitation Number: 25B-17-JS

HUMAN TRAFFICKING ATTESTATION PURSUANT TO SECTION 787.06, FLORIDA STATUTES

Name of Entity/Contractor: DDS Enterprises LLC ("Nongovernmental Entity")

This form has been completed by a duly authorized officer or representative of the Nongovernmental Entity in conjunction with the execution, renewal, or extension of a contract with County of Volusia, a governmental entity and political subdivision of the State of Florida, ("Governmental Entity") in compliance with Section 787.06(13), Florida Statutes, (2024).

The Nongovernmental Entity acknowledges that Section 787.06(13), Florida Statutes, provides that when a contract is executed, renewed, or extended between a nongovernmental entity and a governmental entity, the nongovernmental entity must provide the governmental entity with an affidavit signed by an officer or a representative of the nongovernmental entity under penalty of perjury attesting that the nongovernmental entity does not use coercion for labor or services. For purposes of this requirement, "labor" means work of economic or financial value and "services" means any act committed at the behest of, under the supervision of, or for the benefit of another. The term, "services" includes, but is not limited to, forced marriage, servitude, or the removal of organs.

Pursuant to Section 787.06, Florida Statutes, when a contract is executed, renewed, or extended between you, a nongovernmental entity, and Volusia County, a governmental entity in the State of Florida, you are hereby providing this affidavit under penalties of perjury that you do not use coercion to employ any person for labor or services. Coercion includes, without limitation, using or threatening to use physical force against any person; restraining, isolating, or confining or threatening to restrain, isolate, or confine any person without lawful authority and against her or his will; using lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined; destroying, concealing, removing, confiscating, withholding, or possessing any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person; causing or threatening to cause financial harm to any person; enticing or luring any person by fraud or deceit; or providing a controlled substance as outlined in Schedule I or Schedule II of Section 893.03, Florida Statutes, to any person for the purpose of exploitation of that person.

This signed attestation is provided to the Governmental Entity to comply with the statutory requirement. If, at any time in the future, the Nongovernmental Entity does use coercion for labor or services, the Nongovernmental Entity will immediately notify the Governmental Entity and no contracts may be executed, renewed, or extended between the parties.

This attestation is made for the benefit of, and reliance by, the Governmental Entity.

Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated in it are true.

Printed Name: Nicholas M Shephard Title: VP
Signature: Nick Shephard Date: 12/16/2024