

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043019

Entity Name: DUCAT MANAGEMENT, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

1205 AVENIDA CENTRAL NORTH
THE VILLAGES, FL 32159

New Principal Place of Business:

Current Mailing Address:

% ERWIN HOLLANDER, CPA
29226 ORCHARD LAKE ROAD #150
FARMINGTON HILLS, MI 48334

New Mailing Address:

% ERWIN HOLLANDER, CPA
5600 W MAPLE RD #C309
WEST BLOOMFIELD, MI 48322

FEI Number: 20-1928033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUCAT, DARRELL
1205 AVENIDA CENTRAL NORTH
THE VILLAGES, FL 32159 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DUCAT, DARRELL
Address: 1205 AVENIDA CENTRAL NORTH
City-St-Zip: THE VILLAGES, FL 32159

Title: MGRM () Delete
Name: DUCAT, LARRY A
Address: 1205 AVENIDA CENTRAL NORTH
City-St-Zip: THE VILLAGES, FL 32159

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUSAN HOLLANDER

ACCT

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date