

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000001050

1. Entity Name
221 DUVAL STREET L.L.C.



Principal Place of Business
7705 SE 34TH ST
MERCER ISLAND, WA 98040 US

Mailing Address
2720 76TH AVE. SE
414
MERCER ISLAND, WA 98040 US



02022006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
27-0007074

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KO, LILY S MRS.
221 DUVAL ST.
KEY WEST, FL 33040

**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. **NO CHANGE. SORRY.**

SIGNATURE: *Lily Shen KO* **LILY SHEN KO, PRESIDENT** 2/1/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-------------------------|
| TITLE | MGR |
| NAME | KO, LILY SHEN S MRS. |
| STREET ADDRESS | 2720 76TH AVE. SE, #414 |
| CITY- ST- ZIP | MERCER ISLAND, WA 98040 |

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| STREET ADDRESS | |
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02/18/06-80009-005 50.00

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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: *Lily Shen KO* **LILY SHEN KO** **MANAGER** **(206) 230-9948**
Signature and typed or printed name of signing managing member, or authorized representative Date Daytime Phone #