

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092678

Entity Name: 519 DUVAL, LLC

Current Principal Place of Business:

2417 LIBERTY STREET N
JACKSONVILLE, FL 32206

Current Mailing Address:

PO BOX 51305
JACKSONVILLE BEACH, FL 32240

FEI Number: 20-3588742

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WARD, COLBY
426 5TH AVE S
JACKSONVILLE BEACH, FL 32250 US

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

Authorized Person(s) Detail :

Title MGRM
Name WARD, COLBY
Address PO BOX 51305
City-State-Zip: JACKSONVILLE BEACH FL 32240

Title MGRM
Name WARD, JOSEPH
Address PO BOX 51305
City-State-Zip: JACKSONVILLE BEACH FL 32240

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: COLBY WARD

MGRM

04/28/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date