

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000119447

**Entity Name:** 519 DUVAL, LLC

**Current Principal Place of Business:**

519 DUVAL STREET  
KEY WEST, FL 33040

**Current Mailing Address:**

809 FLEMING ST., REAR COTTAGE  
KEY WEST, FL 33040

**FEI Number:** 20-3946127

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PHILLIPS, MARK  
809 FLEMING STREET, REAR COTTAGE  
KEY WEST, FL 33040 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 MGR  
Name PHILLIPS, MARK  
Address 809 FLEMING ST., REAR COTTAGE  
City-State-Zip: KEY WEST FL 33040

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK PHILLIPS

MGMBR

04/10/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date