

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90173 008 ****50.00

DOCUMENT # L01000002623

1. Entity Name

DUFFY'S MANAGEMENT, LLC



Principal Place of Business

Mailing Address

521 NORTHLAKE BLVD., # 3&4
NORTH PALM BEACH FL 33408
US

521 NORTHLAKE BLVD., # 3&4
NORTH PALM BEACH FL 33408
US



2. Principal Place of Business - No P.O. Box #

4440 PGA BLVD

3. Mailing Address

4440 PGA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.B. Gardens, FL.

Suite 201

City & State

Palm Beach Gardens

Zip

33410

Country

P. Beach

Zip

33410

Country

Palm Beach

1st MOORE

CR2E083 (10/06)

4. FEI Number

65-1074774

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRANE, ROBERT L ESQ.
515 N. FLAGLER DRIVE 18TH FL
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name Joel Koepfel Esq.

Street Address (P.O. Box Number is Not Acceptable)

Koepfel Law Group

1016 Clearwater Place

City

West Palm Beach FL

Zip Code

33401

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE D ☐ Delete
NAME COURNOVER, STEVEN
STREET ADDRESS 521 NORTHLAKE BLVD.
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE D ☐ Delete
NAME EMMETT, PAUL
STREET ADDRESS 521 NORTHLAKE BLVD.
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-13-07 561-864-7676