

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90370 050 ****50.00

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02272007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L01000003443 1. Entity Name DUYN CONSTRUCTION, L.L.C.					
Principal Place of Business 245 NORTH HAVANA ROAD VENICE, FL 34292			Mailing Address 245 NORTH HAVANA ROAD VENICE, FL 34292		
2. Principal Place of Business - No P.O. Box # 113 E. Milan Ave Suite, Apt. #, etc.		3. Mailing Address 113 E. Milan Ave Suite, Apt. #, etc.			
City & State Venice FL Zip 34285		City & State Venice FL Zip 34285		Country SCARASOTA	
4. FEI Number NOT APPLICABLE			Applied For Not Applicable		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent DUYN, ALLEN 245 NORTH HAVANA ROAD VENICE, FL 34292			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reissuing) DATE					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUYN, ALLEN 245 NORTH HAVANA ROAD VENICE, FL 34292		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
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: Jan 3, 2007 9414845433 Date Daytime Phone #					

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