

RECEIVED
STATE OF FLORIDA
DEPARTMENT OF REVENUE
DOCUMENT # L02000012255

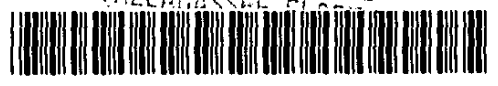
1. Entity Name
DUVAL PARK, LLC



FILED

03 OCT 15 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FL



Principal Place of Business
1505 HIGHWAY 60 WEST
PLANT CITY FL 33567
US

Mailing Address
1505 HIGHWAY 60 WEST
PLANT CITY FL 33567
US

NEW ADDRESS

2. Principal Place of Business
7961 CR 647
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 128
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Bushnell, Florida
Zip
33513

City & State
Brandon, Florida
Zip
33511

4. FEI Number
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOPER, HILDA
1505 HIGHWAY 60 WEST
PLANT CITY FL 33567

Name
Street Address (P.O. Box Number is Not Acceptable)
Not APPLICABLE
City
STAYS SAME 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 **Hilda M. Cooper**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

\$0.00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOPER, HILDA 1505 HIGHWAY 60 WEST PLANT CITY FL 33567	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

900023817229
10/15/03--01052--010 **150.00

REINSTATEMENT 03

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED FL DA M. COOPER 9/11/2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #