

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90117 021 ***138.75

DOCUMENT # L03000010926

1. Entity Name
DEVCON DEVELOPMENT, LLC



Principal Place of Business
**250 SOUTH CENTRAL BLVD.
SUITE 207
JUPITER, FL 33458**

Mailing Address
**250 SOUTH CENTRAL BLVD.
SUITE 207
JUPITER, FL 33458**

60023706



2. Principal Place of Business - No P.O. Box #
**601 Heritage Drive
Suite, Apt. #, etc.
113**

3. Mailing Address
**601 Heritage Drive
Suite, Apt. #, etc.
113**

03192008 Chg-LLC CR2E083 (12/06)

City & State
Jupiter FL
Zip
33458
Country
USA

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Jupiter FL
Zip
33458
Country
USA

4. FEI Number
57-1157706
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LABONTE, CHAD P
250 SOUTH CENTRAL BLVD.
SUITE 207
JUPITER, FL 33458**

7. Name and Address of New Registered Agent

Name
Chad P. LaBonte
Street Address (P.O. Box Number is Not Acceptable)
**601 Heritage Drive
Ste 113
Jupiter FL 33458**

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]** (NOTE: Registered Agent signature required when reinstating) **3/20/08** DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LABONTE, ROLAND G 195 REGATTA DR. JUPITER, FL 33477	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LABONTE, CHAD P 250 SOUTH CENTRAL BLVD. JUPITER, FL 33458	<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	601 Heritage Drive, Ste 113 Jupiter FL 33458	<input checked="" 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
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

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: **[Signature]** **3/20/08** **561.214.8123**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #