103000032784

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(City	/State/Zip/Phone	e #)
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Poster Proceedings





January 30, 2006

LOIS D'UVA % D'UVA - 25 ROUTE 100 KATONAH, NY 10536

SUBJECT: DUVAL REALTY, LLC Ref. Number: L03000032784

We have received your document for DUVAL REALTY, LLC and your check(s) so totaling \$25.00. However, the enclosed document has not been filed and is being creturned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 006A00006633

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: / DUVAL REALTY, LLC (Name of Limited	Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
3 3 6 6 3 1 1 1 1		
LOIS D'UVA (Name of Person)	······································	
(Name of Feison)		
N. J. gar. Amar and		
DUVAL REALTY (Firm/Company)		
(i ma company)		
Cla N'UVA - SE PONTE	2006 JAW 31 AM 9: 00	
C/O D'UVA - 25 ROUTE (Address)	700	
(**************************************		
Vacanta and 15 cal	3/ 3	
KATONAH, W.Y. 16536		
(Chyratate and Zip Code)	9	
	90	
For further information concerning this matter, please	se call:	
RONALD JOHNN, CPA at (9	14) 683–5553	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount	unt:	
XX \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agom, or outil, in the	state of 1 to that			
1. The name of the lin	nited liability company is:	DUVAL REA	LTY, LLC	·
2. The mailing address	s of the limited liability comp	any is: t/o	DIUVA, &	15 ROUTE 100
		KA	TONAH	15 ROUTE 100 N.Y. 10536
08/28/03			000032784	7
3. Date of filing/registration in Florida 4. Document n				
5. The name of the reg Florida Department	istered agent and the registere of State:	ed office address a	s shown on the	records of the
•	JEFFER, CIOFFI		P.A.	
	Na 250 tequesta d	ame P STF 200		
		dress		
	TEQUESTA, FL			
	City, Sta	te and Zip		2
6. The name and addre	ess of the new registered agen	t and/or office:		. 900 21.41.C
	Jeffrey M. Alban	ජාල		
	Nan 375 CHURCH ROA	ne		2 737
	Florida street address (P	O. Box NOT acc	eptable)	PIVISION OF STANCES OF BOOK
	TEQUESTA, F	L 33469		** 00
	City, State			
confirmed that after the and the business office liability company, it is of the members of the or the operating agrees. (Signature of a member of automatical or typed hame of signature	• •	e, the Florida stree be identical. Or, in ange(s) was/were as otherwise provi	t address of the the case of a R authorized by a ided in the artic	e registered office Florida limited an affirmative vote cles of organization
	ppointment as registered agen sions of all statutes relative to a and accept the obligations of if this document is being file firm that the limited liability c	the proper and co f my position as re d to merely reflect ompany has been	omplete perfori egistered agent a change in th notified in writ	y. I jui sijer agree to nance of my duties, as provided for in e registered office ing of this change.
(Signature of Registered Age	•	Dow 2225 The H	EX 000	4.4
\ Div	rision of Corporations, P.O.	BOX 052/, Tallah	assee, FL 323	14

FILING FEE: \$25.00