

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2008 08:00 A
Secretary of State

DOCUMENT # L03000054735

1. Entity Name
DUDA PALM COAST DNYS, LLC



Principal Place of Business
**1200 DUDA TRAIL
OVIEDO, FL 32765**

Mailing Address
**P.O. BOX 620257
OVIEDO, FL 32762-0257**



01172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0700499

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CHAPMAN, TRACY DUDA
1200 DUDA TRAIL
OVIEDO, FL 32765**

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000833872
02/28/08-80029-019 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
A DUDA & SONS, INC.
1200 DUDA TRAIL
OVIEDO, FL 32765**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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: *Mark Engwall*

Mark Engwall

1/30/08

407-365 2111

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

Date

Daytime Phone #