



2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000049256 1. Entity Name DUNLAWTON ENTERPRISES, L.L.C.	
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 27 AM 9:08

Principal Place of Business 2301 PALMETTO AVENUE SOUTH DAYTONA, FL 32119	Mailing Address 2301 PALMETTO AVENUE SOUTH DAYTONA, FL 32119
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DO NOT WRITE IN THIS SPACE



01182009No Chg-LLC CR2E083 (11/08)

4. FEI Number 20-1318871	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RAMESH KUMAR CHOPRA
2301 PALMETTO AVENUE
SOUTH DAYTONA, FL 32119**

**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
Due by September 11, 2009**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS


TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KUMAR CHOPRA, RAMESH 2301 PALMETTO AVENUE SOUTH DAYTONA, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PHULL CHOPRA, NEENA 2301 PALMETTO AVENUE SOUTH DAYTONA, FL 32119
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/27/09--01005--005 **138.75

**DO NOT WRITE
IN THIS SPACE**

Handwritten signature

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:  **1/28/09** **386.767.5669**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #