

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2006 8:00 am
Secretary of State

DOCUMENT # L04000074333

1. Entity Name
DUVALL MAINTENANCE, L.L.C



Principal Place of Business
**310 WEST POINT, WASHINGTON RD.
SANTA ROSA BEACH, FL 32459 US**

Mailing Address
**310 WEST POINT, WASHINGTON RD.
SANTA ROSA BEACH, FL 32459 US**

03-07-2006 90261 001 *****5.00
03-07-2006 90261 002 *****50.00



02212006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0277191

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DUVALL, DANIEL W
310 WEST POINT, WASHINGTON RD
SANTA ROSA BEACH, FL 32459**

**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

Daniel W. Duvall

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-22-06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DUVALL, DANIEL W
310 WEST POINT, WASHINGTON RD.
SANTA ROSA BEACH, FL 32459**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
OREAR, RONNIE
310 WEST POINT, WASHINGTON RD.
SANTA ROSA BEACH, FL 32459**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

Daniel W. Duvall

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

Date

2-22-06 850-974-6575

Daytime Phone #

ATTACHMENT

30001892

NOTICE OF REVOCATION OF ELECTION TO BE EXEMPT

Effective/Issue Date:
Control Number:
Postmark Date:
Received Date:

PLEASE TYPE OR PRINT

I hereby revoke the exemption I currently have as a (check only one box in this section):

CONSTRUCTION INDUSTRY

☐ Corporate Officer (your corporate title: _____)



☒ Member of Limited Liability Company -OR-

NON-CONSTRUCTION INDUSTRY

☐ Corporate Officer (your corporate title: _____)

THIS REVOCATION OF ELECTION TO BE EXEMPT APPLIES ONLY TO THE PERSON SIGNING THE REVOCATION AND ONLY TO THE CORPORATION/LLC THAT IS LISTED IN THE FOLLOWING SECTION:

Corporation or LLC Name:

Duval Maintenance, LLC

Business Mailing Address:

City:

S.R. Beach

State:

FL

Zip:

32459

County:

Walton

Phone No.:

()

FEIN:

Corporate registration number:

L04000074333

Scope of Business or Trade of Applicant Listed on Notice of Election to be Exempt:

1. Repairs 2. 3. 4.

You must identify the workers' compensation insurance carrier that covers any non-exempt employees of your business.

Carrier Name: Worker's Comp exempt

PURSUANT TO SECTION 440.05 (3) FLORIDA STATUTES, UPON FILING A NOTICE OF REVOCATION, IF YOU ARE AN OFFICER WHO IS A SUBCONTRACTOR OR AN OFFICER OF A CORPORATE SUBCONTRACTOR, YOU MUST NOTIFY YOUR CONTRACTOR THAT YOU HAVE REVOKED YOUR EXEMPTION.

PURSUANT TO SECTION 440.05 (3) FLORIDA STATUTES, UPON REVOCATION OF A CERTIFICATE OF ELECTION OF EXEMPTION BY THE DEPARTMENT, THE DEPARTMENT SHALL NOTIFY THE WORKERS' COMPENSATION CARRIER(S) IDENTIFIED IN THE REQUEST FOR EXEMPTION.

Ronnie ORea

TYPE/PRINT NAME OF EXEMPTION HOLDER

587-620332

SOCIAL SECURITY NUMBER

X Ronnie ORea

SIGNATURE OF EXEMPTION HOLDER

2-22-06

DATE SIGNED

Workers' Compensation Information Online - <http://www.DWC.state.fl.us/>