2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# L04000074999

Entity Name: LARGO DUNES LLC

Current Principal Place of Business:

88500 OVERSEAS HWY
APT 507
TAVERNIER, FL 33070 US

New Principal Place of Business:

Current Mailing Address:

88500 OVERSEAS HWY
APT 507
TAVERNIER, FL 33070 US

New Mailing Address:

FEI Number: 33-1102347 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOP, JONELLE
88500 OVERSEAS HWY
APT 507
TAVERNIER, FL 33070 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	KOP, JONELLE	
Address:	88500 OVERSEAS HWY APT 507	
City-St-Zip:	TAVERNIER, FL 33070 US	
Title:	MGRM	( ) Delete
Name:	DIXON, MARK	
Address:	22340 CHENOAK RD	
City-St-Zip:	BROOKSVILLE, FL 34602 US	
Title:	MGRM	( ) Delete
Name:	DIXON, ROBYN	
Address:	22340 CHENOAK RD	
City-St-Zip:	BROOKSVILLE, FL 34602 US	
Title:	MGRM	( ) Delete
Name:	ROBERTS, DONNA	
Address:	168 SUNSET GARDENS DR	
City-St-Zip:	TAVERNIER, FL 33070 US	
Title:	MGRM	( ) Delete
Name:	ROBERTS, TIM	
Address:	168 SUNSET GARDENS DR	
City-St-Zip:	TAVERNIER, FL 33070 US	
Title:	MGRM	( ) Delete
Name:	FOX, ETHEL	
Address:	40 HIGH POINT RD, APT G204	
City-St-Zip:	TAVERNIER, FL 33070 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JONELLE KOP MGRM 03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date