

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002198

Entity Name: THE DUPRE GROUP LLC

FILED
Jun 26, 2009
Secretary of State

Current Principal Place of Business:

5209 SOUTH WEST 9TH PLACE
CAPE CORAL, FL 33914

New Principal Place of Business:

5209 SW 9TH PLACE
CAPE CORAL, FL 33914

Current Mailing Address:

5209 SOUTH WEST 9TH PLACE
CAPE CORAL, FL 33914

New Mailing Address:

5209 SW 9TH PLACE
CAPE CORAL, FL 33914

FEI Number: 25-1907829 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PALMER, KIP
5209 SOUTH WEST 9TH PLACE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

PALMER, KIP
5209 SW 9TH PLACE
CAPE CORAL, FL 33914 US

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: _____

06/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PALMER, KIP
Address: 5209 SW 9TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM () Delete
Name: PALMER, MICHELLE
Address: 5209 SW 9TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

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: MICHELLE PALMER

MGRM

06/26/2009

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