

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90212 044 \*\*\*\*50.00

DOCUMENT # L05000080839

1. Entity Name

DUDDINGTON CONSTRUCTION GROUP, LLC



Principal Place of Business

789 BLACKMOOR GATE LANE  
ST. AUGUSTINE FL 32804  
US

Mailing Address

789 BLACKMOOR GATE LANE  
ST. AUGUSTINE FL 32804  
US

2. Principal Place of Business - No P.O. Box #

25 PALMER ST.

3. Mailing Address

25 PALMER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL.

City & State

ST. AUGUSTINE, FL.

Zip

32084

Country

ST. JOHNS

Zip

32084

Country

ST. JOHNS

6. Name and Address of Current Registered Agent

DUDDINGTON, AMELIA  
789 BLACKMOOR GATE LANE  
ST. AUGUSTINE FL 32804

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

25 PALMER ST.

City

ST. AUGUSTINE

FL

Zip Code

32084

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME DUDDINGTON, AMELIA  
STREET ADDRESS 789 BLACKMOOR GATE LANE  
CITY-ST-ZIP ST AUGUSTINE FL 32804

TITLE MGR ☐ Delete  
NAME RASKA, EUGENE  
STREET ADDRESS 212 LOBELIA ROAD  
CITY-ST-ZIP ST AUGUSTINE FL 32806

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME 25 PALMER ST.  
STREET ADDRESS ST. AUGUSTINE, FL. 32084  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

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

Date

Daytime Phone #