

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2006 8:00 am
Secretary of State

05-05-2006 90033 047 ****50.00

DOCUMENT # L05000081471 1. Entity Name DEVAULT PROPERTIES OF STUART, LLC					
Principal Place of Business 816 EAST OCEAN BLVD. STUART, FL 34994			Mailing Address 816 EAST OCEAN BLVD. STUART, FL 34994		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent DEVAULT, WALTER D III 816 EAST OCEAN BLVD. STUART, FL 34994			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVAULT, WALTER D III 816 EAST OCEAN BLVD. STUART, FL 34994 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 605, Florida Statutes.					
SIGNATURE:			WALTER D Devault, III MGRM		
_____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			04-24-06 772-286-5551 Date Daytime Phone #		

30010814



04242008 Chg-LLC CR2E083 (11/05)

4. FEI Number **215-50-6990** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

ATTACHMENT
30010814

COTTAGE ACCOUNTING, INC
1811 PALM CITY RD; #A-502
STUART, FLORIDA 34994
TELEPHONE #772-288-0303
FACSIMILE #772-223-4005
Email enaid0303@aol.com

June 15, 2006

Florida Department of State
Division of Corporations
P O Box 6478
Tallahassee, FL 32314

Subject: DeVault Properties of Stuart, LLC
Reference #: L05000081471

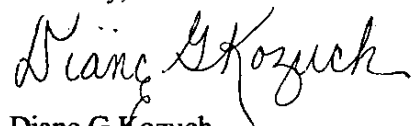
Gentlemen:

As per your letter of May 10, 2006, I have completed Box 4 (FEI Number) on the enclosed form.

This is the Social Security Number of Walter D DeVault, III, the MGRM. DeVault Properties of Stuart, LLC is a single member LLC and is, therefore, considered a disregarded entity and the transactions are, therefore, reported on the owner's (Walter D DeVault, III) 1040 Schedule C. Therefore, there is no separate FEIN.

Hopefully this clears and closes the matter.

Sincerely,



Diane G Kozuch
Accountant for
DeVault Properties of Stuart, LLC

Enclosure