

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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**

DO NOT WRITE IN THIS SPACE



04252008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
21-5506990

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEVAULT, WALTER D III
816 EAST OCEAN BLVD.
STUART, FL 34994**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DEVAULT, WALTER D III
STREET ADDRESS	816 EAST OCEAN BLVD.
CITY - ST - ZIP	STUART, FL 34994

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
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CITY - ST - ZIP	

U000000843634
05/29/08-80067-012 138.75

**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: _____

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

**WALTER D DEVAULT, III
MGRM**

04/28/08 772-286-5551

Date

Daytime Phone #