

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089853

FILED
Feb 12, 2009
Secretary of State

Entity Name: DUNCAN CONSULTING SERVICE, LLC

Current Principal Place of Business:

2520 VIA VENETO DRIVE
PUNTA GORDA, FL 339506338

New Principal Place of Business:

Current Mailing Address:

C/O JILL C. MCCRORY
99 NESBIT STREET
PUNTA GORDA, FL 33950

New Mailing Address:

C/O DOROTHY L. KORSZEN, ESQ.
99 NESBIT STREET
PUNTA GORDA, FL 33950

FEI Number: 20-3473229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCRORY, JILL C
FARR, FARR, EMERICH, HACKETT AND CARR, PA
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

%KORSZEN, DOROTHY L ESQ.
FARR LAW FIRM
99 NESBIT STREET
PUNTA GORDA, FL 33950 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: DOROTHY L. KORSZEN

02/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DUNCAN, GEORGE R
Address: 2520 VIA VENETO DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGR () Delete
Name: DUNCAN, CAROL L
Address: 2520 VIA VENETO DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

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: GEORGE R. DUNCAN

MGR

02/12/2009

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