

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096506

Entity Name: DUGAN FAMILY CO., LLC

FILED  
Apr 11, 2009  
Secretary of State

**Current Principal Place of Business:**

C/O BARBARA HPERRICK  
1 FAIRVIEW DRIVE NORTH  
HAINES CITY, FL 33668

**New Principal Place of Business:**

**Current Mailing Address:**

312 GRAND CENTRAL PKWY  
BAYVILLE, NJ 08721

**New Mailing Address:**

FEI Number: 59-3817412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHRISTOPHER, PATRICIA A CPA  
C/O BARBARA HORRICK  
1 FAIRVIEW DRIVE NORTH  
HAINES CITY, FL 33668 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHRISTOPHER, PATRICIA A  
Address: 312 GRAND CENTRAL PRKWY  
City-St-Zip: BAYVILLE, NJ 08721

Title: MGRM ( ) Delete  
Name: DUGAN, ANN  
Address: 48 DERBY DRIVE  
City-St-Zip: GALLOWAY, NJ 08205

**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: PATRICIA A. CHRISTOPHER

PART

04/11/2009

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