

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101671

Entity Name: DUFFY'S DELIGHT, LLC

FILED
Jul 03, 2006
Secretary of State

Current Principal Place of Business:

1412 CANOPY WALK
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

1412 CANOPY WALK
PALM COAST, FL 32137 US

New Mailing Address:

PO BOX 352596
PALM COAST, FL 32135 US

FEI Number: 20-3934281 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: DUFFY, DENISE M
Address: 119 HUNTTEAM LANE
City-St-Zip: WEST CHESTER, PA 19382 US

Title: MGRM () Delete
Name: DUFFY, WAYNE E
Address: 119 HUNTTEAM LANE
City-St-Zip: WEST CHESTER, PA 19382 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DUFFY, DENISE M
Address: 1412 CANOPY WALK LANE
City-St-Zip: PALM COAST, FL 32137 US

Title: MGRM (X) Change () Addition
Name: DUFFY, WAYNE E
Address: 1412 CANOPY WALK LANE
City-St-Zip: PALM COAST, FL 32135 US

I hereby certify that the information supplied with this filing does not qualify for the 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: WAYNE DUFFY

MGR

07/03/2006

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