

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119447

FILED  
Aug 24, 2009  
Secretary of State

Entity Name: 519 DUVAL, LLC

**Current Principal Place of Business:**

517 DUVAL STREET, 2ND FLOOR  
KEY WEST, FL 33040

**New Principal Place of Business:**

809 FLEMING ST., REAR COTTAGE  
KEY WEST, FL 33040

**Current Mailing Address:**

517 DUVAL STREET, 2ND FLOOR  
KEY WEST, FL 33040

**New Mailing Address:**

809 FLEMING ST., REAR COTTAGE  
KEY WEST, FL 33040

FEI Number: 20-3946127      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:**

PHILLIPS, MARK  
809 FLEMING STREET, REAR COTTAGE  
KEY WEST, FL 33040      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: MGR      ( ) Delete  
Name: PHILLIPS, MARK  
Address: 517 DUVAL STREET, 2ND FLOOR  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: PHILLIPS, MARK  
Address: 809 FLEMING ST., REAR COTTAGE  
City-St-Zip: KEY WEST, FL 33040

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: M PHILLIPS

MGR

08/24/2009

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