2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# L05000120240

Entity Name: TEAM DUFFY, LLC

Current Principal Place of Business:

4861 PALM COAST PKWY NW
SUITE 4 WEST POINT PLAZA
PALM COAST, FL 32137

New Principal Place of Business:

4865 PALM COAST PKWY NW
SUITE 3 WEST POINT PLAZA
PALM COAST, FL 32137

Current Mailing Address:

P.O. BOX 354402
PALM COAST, FL 32135 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUFFY, CHARLES
4861 PALM COAST PKWY NW
SUITE 4 WEST POINT PLAZA
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

DUFFY, CHARLES
4865 PALM COAST PKWY NW
SUITE 3 WEST POINT PLAZA
PALM COAST, FL 32137 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: CHARLES DUFFYN 04/14/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MR	( ) Delete
Name:	DUFFY, CHARLES	
Address:	156 ROLLING SANDS DRIVE	
City-St-Zip:	PALM COAST, FL 32164 US	
Title:	MGRM	( ) Delete
Name:	DUFFY, CATHAL	
Address:	17 REGINA LANE	
City-St-Zip:	PALM COAST, FL 32164	
Title:	MGRM	( ) Delete
Name:	DUFFY, MICHELLE L	
Address:	17 REGINA LANE	
City-St-Zip:	PALM COAST, FL 32164	
Title:	MGRM	( ) Delete
Name:	DUFFY, NOELEEN M	
Address:	156 ROLLING SANDS DRIVE	
City-St-Zip:	PALM COAST, FL 32164	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: NOELEEN DUFFY MGRM 04/14/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date