2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 10, 2008 8:00 am
Secretary of State
04-10-2008 90127 018 ***138.75

DOCUMENT # L07000020366

1. Entity Name

DUF DAV LLC

Principal Place of Business	Mailing Address
977 N GRIFFIN SHORES DRIVE ST AUGUSTINE FL 32080	977 N GRIFFIN SHORES DRIVE ST AUGUSTINE FL 32080

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
977 N GRIFFIN SHORES DR		977 N GRIFFIN SHORES DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ST Augustine		City & State: FL	
Zip: 32080	Country: ST JOHNS	Zip: 32080	Country: USA

4. FEI Number 38-375-2820 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ASSELTA, PATRICIA 977 N GRIFFIN SHORES DRIVE ST AUGUSTINE FL 32080	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Patricia A Asselta 3/27/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASSELTA, PATRICIA 977 N GRIFFIN SHORES DRIVE ST AUGUSTINE FL 32080	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 Asselta 3/27/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #