

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000020561

FILED
Nov 12, 2008
Secretary of State**Entity Name:** DUVAL LLC**Current Principal Place of Business:**7227 ATLANTIC BLV
SUITE 2
JACKSONVILLE, FL 32211**New Principal Place of Business:****Current Mailing Address:**9745 TOUCHTON ROAD
704
JACKSONVILLE, FL 32246**New Mailing Address:****FEI Number:** 20-8496926**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VALLADARES, IVAN H
9745 TOUCHTON ROAD
704
JACKSONVILLE, FL 32246 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: VALLADARES, IVAN H MGR
Address: 9745 TOUCHTON ROAD APT 704
City-St-Zip: JACKSONVILLE, FL 32246Title: MGR () Delete
Name: DULANTO, JORGE A MGR
Address: 3701 DANFORTH DRIVE APT 1208
City-St-Zip: JACKSONVILLE, FL 32224Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGR () Change (X) Addition
Name: GRIGORYAN, SIMON
Address: 5663 GREENLAND ROAD UNIT 1307
City-St-Zip: JACKSONVILLE, FL 32258

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: IVAN VALLADARES

MGR

11/12/2008

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