2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2009
Secretary of State

DOCUMENT# L07000050884

Entity Name: DUVALL DEVELOPMENT, LLC

Current Principal Place of Business:

506 MACCHI AVENUE
OAKLAND, FL 34787

New Principal Place of Business:

412 TIMBEWRCOVE CIRCLE
LONGWOOD, FL 32779

Current Mailing Address:

506 MACCHI AVENUE
OAKLAND, FL 34787

New Mailing Address:

412 TIMBERCOVE CIRCLE
LONGWOOD, FL 32779

FEI Number: 20-8946443 **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:

BARNHART, SCOTT
1122 WEST NEW HAMPSHIRE ST.
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

DUVALL, CRAIG A
412 TIMBERCOVE CIRCLE
LONGWOOD, FL 32779 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: CRAIG A. DUVALL 09/08/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DUVALL, CRAIG A
Address: 506 MACCHI AVENUE
City-St-Zip: OAKLAND, FL 34787

Title: MGRM (X) Delete
Name: BARNHART, SCOTT
Address: 1122 WEST NEW HAMPSHIRE ST.
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES:

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: CRAIG A. DUVALL MR. 09/08/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date