

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000105340

**Entity Name:** DURRETT & SULLIVAN, P.L.

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

150 JOHN KNOX RD  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 12879  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

**FEI Number:** 26-1280741

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DURRETT, JOE  
150 JOHN KNOX RD  
TALLAHASSEE, FL 32303 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:** MGRM  
**Name:** DURRETT, JOE G  
**Address:** 150 JOHN KNOX RD  
**City-St-Zip:** TALLAHASSEE, FL 32303 US

**Title:** MGRM  
**Name:** SULLIVAN, DAVID G  
**Address:** 150 JOHN KNOX RD  
**City-St-Zip:** TALLAHASSEE, FL 32303 US

I hereby 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:** JOE G. DURRETT

MGRM

01/24/2012

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