

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019339

Entity Name: JLC DUVAL, LLC

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

615 1/2 DUVAL STREET
KEY WEST, FL 33040

New Principal Place of Business:

615 1/2 DUVAL STREET
UNIT #4
KEY WEST, FL 33040

Current Mailing Address:

1501 FLORIDA STREET
KEY WEST, FL 33040

New Mailing Address:

615 1/2 DUVAL STREET
UNIT #4
KEY WEST, FL 33040

FEI Number: 32-0241127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COBO, LUIS
615 1/2 DUVAL STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

COBO, LUIS
615 1/2 DUVAL STREET
UNIT # 4
KEY WEST, FL 33040 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:

03/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOCKWOOD, JOHN M
Address: 34 ALLAMANDA AVE.
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Delete
Name: COBO, LUIS E
Address: 1501 FLORIDA STREET
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Delete
Name: JONES, T. MARK
Address: 11 CYPRESS AVENUE
City-St-Zip: KEY WEST, FL 33040

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:

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: LUIS COBO

MGRM

03/24/2009

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