

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000019339

Entity Name: JLC DUVAL, LLC

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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  
UNIT # 4  
KEY WEST, FL 33040 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: LOCKWOOD, JOHN M  
Address: 34 ALLAMANDA AVE.  
City-St-Zip: KEY WEST, FL 33040

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

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

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: LUIS COBO

MGRM

02/22/2011

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