

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000019612

**FILED**  
**Mar 19, 2010**  
**Secretary of State**

**Entity Name:** DAMON DUBOIS PLASTERING, L.L.C.

**Current Principal Place of Business:**

2369 SE MADISON STREET  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

2369 SE MADISON STREET  
STUART, FL 34997

**New Mailing Address:**

**FEI Number:** 33-1208579

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUBOIS, DAMON  
2369 SE MADISON STREET  
STUART, FL 34997 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  
**Name:** DUBOIS, DAMON N  
**Address:** 2369 SE MADISON STREET  
**City-St-Zip:** STUART, FL 34997

**Title:** MGRM  
**Name:** DUBOIS, KARYN LYNN  
**Address:** 2369 SE MADISON STREET  
**City-St-Zip:** STUART, FL 34997

**Title:** MGRM  
**Name:** DUBOIS, JEFF  
**Address:** 2369 SE MADISON STREET  
**City-St-Zip:** STUART, FL 34997

**Title:** MGRM  
**Name:** LOUPANACHE, BRIAN  
**Address:** 2369 SE MADISON ST  
**City-St-Zip:** STUART, FL 34997

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:** K. LYNN DUBOIS

MGRM

03/19/2010

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