

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000038991

Entity Name: D'PAVLOS DUKAS, LC

FILED  
Apr 13, 2009  
Secretary of State

**Current Principal Place of Business:**

10130 DEER LN  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

**Current Mailing Address:**

10130 DEER LN  
NEW PORT RICHEY, FL 34654

**New Mailing Address:**

FEI Number: 26-2386038

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DUKES, DAVID D  
4602 VOORHEES ROAD  
NEW PORT RICHEY, FL 34653 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 ( ) Delete  
Name: DOUKAS, PAUL  
Address: 2735 BIG PINE DRIVE  
City-St-Zip: HOLIDAY, FL 34691

Title: MGRM ( ) Delete  
Name: DOUKAS, DAVID D  
Address: 4602 VOORHEES ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: MGRM ( ) Delete  
Name: BRUNELLE, JIMMY  
Address: 10130 DEER LN  
City-St-Zip: NEW PORT RICHEY, FL 34654

**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: JIMMY BRUNELLE

MNG

04/13/2009

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