

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000096780

Entity Name: DEVYN EDWARDS LLC

**FILED**  
**Apr 25, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

13028 HOBE HILLS DRIVE  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

624 SW ST. LUCIE CRESENT  
103  
STUART, FL 34994

**Current Mailing Address:**

13028 HOBE HILLS DRIVE  
HOBE SOUND, FL 33455

**New Mailing Address:**

624 SW ST. LUCIE CRESENT  
103  
STUART, FL 34994

FEI Number: 26-3560622

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

STEPHEN THORNE PLASTERING INC.  
3034 S.E. DALHART ROAD  
PORT ST. LUCIE, FL 34952 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: EDWARDS, DEVYN JR.  
Address: 624 SW ST. LUCIE CRESENT # 103  
City-St-Zip: STUART, FL 34994

Title: MGRM  
Name: EDWARDS, LAUREN  
Address: 624 SW ST. LUCIE CRESENT #103  
City-St-Zip: STUART, FL 34994

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: DEVYN J EDWARDS JR.

MGR

04/25/2010

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