

L09000083023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

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**Special Instructions to Filing Officer:**

Office Use Only



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AE  
12/1/09  
~~2009~~

**Malave, Erin M.**

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**From:** corphelp  
**Sent:** Friday, December 11, 2009 3:49 PM  
**To:** 'Bob Duncan'  
**Subject:** RE: Physical Address Change Request

Your request is being forwarded to the appropriate section for processing. Please allow 2 to 3 business days for this update to be posted. Thank you.

Lee Rivers  
Internet Access  
Division of Corporations

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**From:** Bob Duncan [mailto:Bob.Duncan@Live.com]  
**Sent:** Friday, December 11, 2009 3:33 PM  
**To:** corphelp  
**Subject:** Physical Address Change Request

I would like to request a **Principal Address** change.

My physical address of my office is:

**3424 West State Road 46  
Sanford, FL 32771**

The address listed below is my home address and will remain the official mailing address. Thanks for your time and consideration.

## **Detail by Entity Name**

**Florida Limited Liability Company**

DUNCAN INSURANCE AGENCY, LLC

## **Filing Information**

**Document Number** L09000083023  
**FEI/EIN Number** 270727055  
**Date Filed** 08/27/2009  
**State** FL  
**Status** ACTIVE  
**Effective Date** 08/24/2009

## **Principal Address**

113 OVEROAKS PLACE