

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000028481

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** DUANE PINES & PALMS, LLC

**Current Principal Place of Business:**

9445 MAINLANDS BLVD. WEST  
PINELLAS PARK, FL 33782

**New Principal Place of Business:**

**Current Mailing Address:**

9445 MAINLANDS BLVD. WEST  
PINELLAS PARK, FL 33782

**New Mailing Address:**

**FEI Number:** 32-0305293

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUANE, TYSON B  
9445 MAINLANDS BLVD. WEST  
PINELLAS PARK, FL 33782 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:** PRES  
**Name:** DUANE, THOMAS D  
**Address:** 9445 MAINLANDS BLVD. WEST  
**City-St-Zip:** PINELLAS PARK, FL 33782

**Title:** VP  
**Name:** DUANE, TYSON B  
**Address:** 9445 MAINLANDS BLVD. WEST  
**City-St-Zip:** PINELLAS PARK, FL 33782

**Title:** SEC  
**Name:** DUANE, RENEE B  
**Address:** 9445 MAINLANDS BLVD. WEST  
**City-St-Zip:** PINELLAS PARK, FL 33782

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:** TYSON DUANE

VP

03/14/2011

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