

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000066966

Entity Name: UNO DUPLEX FL, LLC

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

609 SHANNON ROAD  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

609 SHANNON ROAD  
ORLANDO, FL 32806 US

**New Mailing Address:**

4418 HAMILTON DRIVE  
WOODBIDGE, VA 22193 US

FEI Number: 27-3214573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PROCELL, KAREN W  
200 S. ORANGE AVENUE  
SUITE 2300  
ORLANDO, FL 32801 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  
Name: FONTENOT, JUDY D  
Address: 609 SHANNON ROAD  
City-St-Zip: ORLANDO, FL 32806 US

Title: MGRM  
Name: BOUCHARD, KRISTINA L  
Address: 609 SHANNON ROAD  
City-St-Zip: ORLANDO, FL 32806 US

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: KRISTINA L. BOUCHARD

MGRM

04/18/2011

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