

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002340

Entity Name: DUTKOWSKY, LLC

FILED
Feb 20, 2009
Secretary of State

Current Principal Place of Business:

4201 BAYSHORE BLVD #1504
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

4201 BAYSHORE BLVD
#1504
TAMPA, FL 33611

New Mailing Address:

FEI Number: 34-2007106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORRAINE CZUBANICH DUTKOWSKY
4201 BAYSHORE BLVD #1504
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

DUTKOWSKY, LORRAINE C
4201 BAYSHORE BLVD #1504
#1504
TAMPA, FL 33611 US

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: LORRAINE DUTKOWSKY

02/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROBERT MICHAEL DUTKO, WSKY
Address: 4201 BAYSHORE BLVD #1504
City-St-Zip: TAMPA, FL 33611

Title: MGR () Delete
Name: LORRAINE CZUBANICH D, UTKOWSKY
Address: 4201 BAYSHORE BLVD #1504
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DUTKOWSKY, LORRAINE C
Address: 4201 BAYSHORE BLVD #1504
City-St-Zip: TAMPA, FL 33611

Title: MGR (X) Change () Addition
Name: DUTKOWSKY, ROBERT M
Address: 4201 BAYSHORE BLVD #1504
City-St-Zip: TAMPA, FL 33611

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: LORRAINE CZUBANICH DUTKOWSKY

MGR

02/20/2009

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