

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000047641

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** DURASEAL OF LEE COUNTY, LLC

**Current Principal Place of Business:**

101 LINCOLN AV.  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 415  
LEHIGH ACRES,, FL 33936 US

**New Mailing Address:**

P.O. BOX 415  
LEHIGH ACRES,, FL 33970 US

**FEI Number:** 59-2816842

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PARSONS, CAROL J  
101 LINCOLN AV.  
LEHIGH ACRES, FL 33936 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:** PARSONS, CAROL J  
**Address:** 101 LINCOLN AV.  
**City-St-Zip:** LEHIGH ACRES, FL 33936

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:** CAROL J. PARSONS

MGRM

01/17/2011

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