

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000000368

**FILED
Apr 15, 2014
Secretary of State
CC6438484895**

Entity Name: DUPONT CENTER II LLC

Current Principal Place of Business:

65 LEWIS BLVD
ST. AUGUSTINE, FL 32084

Current Mailing Address:

65 LEWIS BLVD
ST. AUGUSTINE, FL 32084

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMPBELL, ROY EJ.R.
65 LEWIS BLVD
ST. AUGUSTINE, FL 32084 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name CAMPBELL, ROY
Address 65 LEWIS BLVD.
City-State-Zip: ST. AUGUSTINE FL 32084

Title MGRM
Name MOSCASRELLO, MARK
Address 765 CR 13 SOUTH
City-State-Zip: ST. AUGUSTINE FL 32092

Title MGRM
Name SAMBOLINO, JOHN D
Address 320 WASHINGTON AVE
City-State-Zip: HADDONFIELD NJ 08033

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROY CAMPBELL

MGMR

04/15/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date