


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000000464</b> 1. Entity Name MCDIRMIT DAVIS PUCKETT & COMPANY, LLC	
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Principal Place of Business 605 ROBINSON STREET, SUITE 635 ORLANDO, FL 32801	Mailing Address 605 ROBINSON STREET, SUITE 635 ORLANDO, FL 32801
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01082004No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 26-0004117	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

PUCKETT, CHARLES W  
605 E ROBINSON STREET, STE. 635  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDIRMIT, ELDEN G 605 E. ROBINSON STREET, STE 635 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PUCKETT, CHARLES W 605 E. ROBINSON STREET, STE 635 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVIS, EUGENE R 605 E. ROBINSON STREET, STE 635 ORLANDO, FL 32801
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01/20/04-80026-019 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/8/04

Date

Daytime Phone # \_\_\_\_\_