

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000000464

**Entity Name:** MCDIRMIT, DAVIS & COMPANY, LLC

**Current Principal Place of Business:**

934 NORTH MAGNOLIA AVE  
SUITE 100  
ORLANDO, FL 32803

**Current Mailing Address:**

934 NORTH MAGNOLIA AVE  
SUITE 100  
ORLANDO, FL 32803 US

**FEI Number:** 26-0004117

**Certificate of Status Desired:** No

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

OLSON, TROY L  
934 NORTH MAGNOLIA AVE  
SUITE 100  
ORLANDO, FL 32803 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:** TROY L. OLSON

01/07/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title VP  
Name MCDIRMIT, ELDEN G  
Address 934 NORTH MAGNOLIA AVE  
SUITE 100  
City-State-Zip: ORLANDO FL 32803

Title PRESIDENT  
Name OLSON, TROY L  
Address 934 NORTH MAGNOLIA AVE  
SUITE 100  
City-State-Zip: ORLANDO FL 32803

Title T  
Name LEARY, KELLY D  
Address 934 NORTH MAGNOLIA AVE.  
SUITE 100  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name NOVOTNY, MARIA  
Address 934 NORTH MAGNOLIA AVE  
SUITE 100  
City-State-Zip: ORLANDO FL 32803

*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:** TROY OLSON

**PRESIDENT**

01/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date