

**2014 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

01/20/2014

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 L. OLSON

PRESIDENT

01/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date