

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000102840

**Entity Name:** SOMERSET CAPITAL PARTNERS, LLC

**Current Principal Place of Business:**

200 OCEAN TERRACE  
PALM BEACH, FL 33480

**Current Mailing Address:**

200 OCEAN TERRACE  
PALM BEACH, FL 33480 US

**FEI Number:** 46-1004596

**Certificate of Status Desired:** No

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

DAVIDSON, TIMOTHY C  
200 OCEAN TERRACE  
PALM BEACH, FL 33480 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           MANAGING MEMBER  
Name           DAVIDSON, TIMOTHY C  
Address        200 OCEAN TERRACE  
City-State-Zip: PALM BEACH FL 33480

Title           MANAGING MEMBER  
Name           HESSER, JANA L  
Address        200 OCEAN TERRACE  
City-State-Zip: PALM BEACH FL 33480

Title           MANAGING MEMBER  
Name           DAVIDSON, CHRISTOPHER T  
Address        879 CHERRY STREET  
City-State-Zip: WINNETKA IL 60093

Title           MANAGING MEMBER  
Name           DAVIDSON, ALEXANDRA C  
Address        14492 EQUESTRIAN WAY  
City-State-Zip: WELLINGTON FL 33414

Title           MANAGING MEMBER  
Name           DAVIDSON, REYNOLDS PETER  
Address        73 MCEACHRON DRIVE  
City-State-Zip: STOUGHTON MA 02072

*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:** TIMOTHY C DAVIDSON

**MANAGER**

**02/05/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date