# 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000102840

Entity Name: SOMERSET CAPITAL PARTNERS, LLC

## **Current Principal Place of Business:**

7717 SPRING CREEK DRIVE WEST PALM BEACH, FL 33411

## **Current Mailing Address:**

7717 SPRING CREEK DRIVE WEST PALM BEACH, FL 33411 US

# FEI Number: 46-1004596

## Name and Address of Current Registered Agent:

DAVIDSON, TIMOTHY C 7717 SPRING CREEK DRIVE WEST PALM BEACH, FL 33411 US FILED Feb 08, 2015 Secretary of State CC2990963984

Certificate of Status Desired: Yes

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

# Authorized Person(s) Detail :

Title	MANAGING MEMBER	Title	MANAGING MEMBER
Name	DAVIDSON, TIMOTHY C	Name	HESSER, JANA L
Address	7717 SPRING CREEK DRIVE	Address	7717 SPRING CREEK DRIVE
City-State-Zip:	WEST PALM BEACH FL 33411	City-State-Zip:	WEST PALM BEACH FL 33411
Title	MANAGING MEMBER	Title	MANAGING MEMBER
Name	DAVIDSON, CHRISTOPHER T	Name	DAVIDSON, ALEXANDRA C
Address	302 2ND STREET	Address	7717 SPRING CREEK DRIVE
	UNIT 4A	City-State-Zip:	WEST PALM BEACH FL 33411
City-State-Zip:	BROOKLYN NY 11215		
Title	MANAGING MEMBER		
Name	DAVIDSON, REYNOLDS P		
Address	7717 SPRING CREEK DRIVE		
City-State-Zip:	WEST PALM BEACH FL 33411		

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

PRINCIPAL

02/08/2015

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date