

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000099421

**Entity Name:** DAVID J. THOMAS ASSOCIATES LLC

**Current Principal Place of Business:**

3933 WEST WHITEWATER AVENUE  
WESTON, FL 33332

**Current Mailing Address:**

3933 WEST WHITEWATER AVENUE  
WESTON, FL 33332 US

**FEI Number:** 83-4698522

**Certificate of Status Desired:** No

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

SILVA, CARLOS L  
3933 WEST WHITEWATER AVENUE  
WETON, FL 33332 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           | MGR                         | Title           | MGR                         |
| Name            | SILVA, CARLOS L             | Name            | SILVA, VANESSA V            |
| Address         | 3395 WEST WHITEWATER AVENUE | Address         | 3395 WEST WHITEWATER AVENUE |
| City-State-Zip: | WESTON FL 33332             | City-State-Zip: | WESTON FL 33332             |

*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:** CARLOS L SILVA

MGR

06/29/2020

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

\_\_\_\_\_ Date