

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000318

FILED
Jul 17, 2009
Secretary of State

Entity Name: THOMPSON-DAVIS ENTERPRISES, LLC

Current Principal Place of Business:

11801 RESEARCH DRIVE
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

11801 RESEARCH DRIVE
ALACHUA, FL 32615

New Mailing Address:

FEI Number: 59-3623852 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THOMPSON, DOUGLAS H JR.
11801 RESEARCH DRIVE
ALACHUA, FL 32615 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

MANAGING MEMBERS/MANAGERS:

Title: D () Delete
Name: THOMPSON, DOUGLAS H JR.
Address: 11801 RESEARCH DR.
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: THOMPSON, SARA
Address: 2416 NW 23RD TERRACE
City-St-Zip: GAINESVILLE, FL 32615

Title: D () Delete
Name: DAVIS, JOSEPH W
Address: 1401 NW 60TH ST.
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DOUGLAS H. THOMPSON, JR.

MGRM

07/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date