

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000008428

1. Entity Name
DAVID K. COX, LLC



Principal Place of Business
2631 NW 41ST STREET
BLDG. E
GAINESVILLE, FL 32606 US

Mailing Address
5517 SW 69 TERRACE
GAINESVILLE, FL 32608

FILED
Jan 07, 2005 08:00 AM
Secretary of State



01042005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3659719

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

COX, ALISON L
BRICE BUSINESS GROUP
5517 SW 69TH TERRACE
GAINESVILLE, FL 32608

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE, Registered Agent signature required when reinstalling)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

U000000174120
01/07/05-80045-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COX, DAVID K
5517 SW 69 TERR
GAINESVILLE, FL 32608

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-4-05 352-378-3800