

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90100 018 ***138.75

DOCUMENT # L00000012132

1. Entity Name

DAVID AND GOLIATH, L.L.C.



Principal Place of Business

838 MALLARD ROAD
COCOA FL 32926

Mailing Address

838 MALLARD ROAD
COCOA FL 32926



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/07)

Zip

Country

Zip

Country

4. FEI Number

59-3668995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARDSON, JOHN C
838 MALLARD ROAD
COCOA FL 32926

Name

Richard V. Hoenes

Street Address

838 Mallard Rd

City

Cocoa

FL

32926

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 registering)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete
NAME RICHARDSON, JOHN C MGRM
STREET ADDRESS 838 MALLARD RD
CITY-ST-ZIP COCOA FL 32926

TITLE MGRM ☐ Change ☒ Addition
NAME Mary L. Hoenes
STREET ADDRESS 15115 Corrs Mill Rd
CITY-ST-ZIP Woodbine, MD 21797

TITLE MGRM ☐ Delete
NAME HOENES, RICHARD V
STREET ADDRESS 15115 CORRS MILL RD
CITY-ST-ZIP WOODBINE MD 21797

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☒ Delete
NAME SCOTT, JOHN J
STREET ADDRESS 5010 JUNE DALE DR.
CITY-ST-ZIP COCOA FL 32926

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Richard V. Hoenes

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

Date

Exhibit Page #