

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000007805**

1. Entity Name

MCDIRMIT DAVIS PUCKETT FINANCIAL ADVISORS, LLC.



Principal Place of Business

605 E ROBINSON ST., STE 635  
ORLANDO, FL 32801

Mailing Address

605 E ROBINSON ST., STE 635  
ORLANDO, FL 32801



01082004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-7207506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PUCKETT, CHARLES W  
605 E ROBINSON ST., STE 635  
ORLANDO, FL 32801

**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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DAVIS, EUGENE R
STREET ADDRESS	605 E ROBINSON ST., STE 635
CITY-ST-ZIP	ORLANDO, FL
TITLE	MGR
NAME	MCDIRMIT, ELDEN G
STREET ADDRESS	605 E ROBINSON ST., STE 635
CITY-ST-ZIP	ORLANDO, FL
TITLE	MGR
NAME	PUCKETT, CHARLES W
STREET ADDRESS	605 E ROBINSON ST., STE 635
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000060907  
02/23/04-80056-020 50.00

**DO NOT WRITE  
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)(f), 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 603, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

1/8/04

Date

Daytime Phone # \_\_\_\_\_