LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90237 021 ****50.00

DOCUMENT # L01000015576

1. Entity Name
J & P DAVIS ENTERPRISES LLC

DO NOT WRITE IN THIS SPACE

943329

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2271 HIGHWAY 2	2271 Hwy 2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
BONIFAY, FL.	Bonifay Fl
City & State	City & State
32425 / HOLMES	32425 / USA
Zip / Country	Zip / Country

4. FEI Number 753032151 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: PATRICIA S DAVIS

Street Address (P.O. Box Number is Not Acceptable): 2271 HIGHWAY 2

City: BONIFAY **FL** Zip Code: 32425

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.

SIGNATURE: Patricia S Davis
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MANAGING MEMBER	TITLE	
NAME	JAMES L DAVIS	NAME	
STREET ADDRESS	2271 HIGHWAY 2	STREET ADDRESS	
CITY-ST-ZIP	BONIFAY, FL. 32425	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E083B (12/01)

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: Patricia S Da
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #