

FILED

03 APR 23 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000018533			
1. Entity Name DELLA DAVIS, LLC			
Principal Place of Business 34 HERON'S WATCH WAY APT. 1103 SANTA ROSA BEACH, FL 32459		Mailing Address 34 HERON'S WATCH WAY APT. 1103 SANTA ROSA BEACH, FL 32459	
2. Principal Place of Business <i>60 mar a Lago</i>		3. Mailing Address <i>60 mar a Lago Blvd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Santa Rosa Bch FL</i>		City & State <i>32459 Some</i>	
Zip <i>32459</i>		Country <i>USA</i>	
4. FEI Number <i>431969137</i>		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PORATH, SHANNON L ESQ. 2441 U.S. HWY 98 E. SUITE 109 SANTA ROSA BEACH, FL 32459		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent's signature required when re-registering) DATE _____			
FILE NOW!!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Member Rasmussen Baird 68 mar a Lago Santa Rosa Bch FL 32459</i> ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Member Christine DANIEL 60 mar a Lago Santa Rosa Bch FL 32459</i> ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.			
SIGNATURE: <i>[Signature]</i>		4-14-03 850-830-7877	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

*
Change of address

CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)

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