

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000034131

**Entity Name:** JOHN L. DAVIS, LLC

**FILED**  
**Feb 20, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3285 KYLEE DAWN CIRCLE  
LAWRENCEVILLE, GA 30045 US

**New Principal Place of Business:**

**Current Mailing Address:**

3285 KYLEE DAWN CIRCLE  
LAWRENCEVILLE, GA 30045 US

**New Mailing Address:**

**FEI Number:** 02-0656849

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIS, JOHN L RPH  
12727 CAMELLIA BAY DR E  
JACKSONVILLE, FL 32223 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** DR  
**Name:** DAVIS, JOHN L PHARM D  
**Address:** 3285 KYLEE DAWN CIRCLE  
**City-St-Zip:** LAWRENCEVILLE, GA 30045 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** JOHN L DAVIS

PRES

02/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date