

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028622

FILED
Apr 27, 2009
Secretary of State

Entity Name: DAVETTE ENTERPRISE, L.L.C.

Current Principal Place of Business:

204 SE 16TH PLACE
CAPE CORAL, FL 33990

New Principal Place of Business:

206 SE 16TH PLACE
CAPE CORAL, FL 33990

Current Mailing Address:

204 SE 16TH PLACE
CAPE CORAL, FL 33990

New Mailing Address:

206 SE 16TH PLACE
CAPE CORAL, FL 33990

FEI Number: 20-0412983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MACKOUL, DAVID
204 SE 16TH PLACE
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

MACKOUL, DAVID A
206 SE 16TH PLACE
CAPE CORAL, FL 33990 US

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: DAVID A. MACKOUL MD PA

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: MACKOUL, DAVID A MD
Address: 1901 SE 26TH TERR
City-St-Zip: CAPE CORAL, FL 33904

Title: VP () Delete
Name: ST.PIERRE-MACKOUL, ANNETTE MD
Address: 1901 SE 26TH TERR
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: MACKOUL, DAVID A MD
Address: 126 SW 52ND ST
City-St-Zip: CAPE CORAL, FL 33904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAVID A. MACKOUL MD PA

P

04/27/2009

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