

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049025

FILED
Jul 19, 2009
Secretary of State

Entity Name: DAVIS CONSTRUCTION LLC

Current Principal Place of Business:

18319 CR 132
LIVE OAK, FL 32060

New Principal Place of Business:

Current Mailing Address:

18319 CR 132
LIVE OAK, FL 32060

New Mailing Address:

FEI Number: 51-3197616 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DAVIS, GLENN F
18319 CR 132
LIVE OAK, FL 32060 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DAVIS, GLENN F
Address: 18319 CR 132
City-St-Zip: LIVE OAK, FL 32060

Title: MGRM () Delete
Name: DAVIS, ZACHARY
Address: 18319 CR 132
City-St-Zip: LIVE OAK, FL 32060

Title: MGRM () Delete
Name: DAVIS, BRADLEY
Address: 18319 CR 132
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: DAVIS, BRADLEY
Address: 819 TERA TRACE CIRLCE SW
City-St-Zip: LIVE OAK, FL 32064

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: GLENN F. DAVIS

MGRM

07/19/2009

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