

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90094 004 ****55.00

DOCUMENT # L03000051020

1. Entity Name
DAVID S. DANFORTH, L.L.C.



Principal Place of Business
**2967 SE SAN JERONIMO ROAD
PORT ST. LUCIE, FL 34952**

Mailing Address
**2967 SE SAN JERONIMO ROAD
PORT ST. LUCIE, FL 34952**

2. Principal Place of Business
2967 SE SAN JERONIMO RD
Suite, Apt. #, etc.
PORT ST. LUCIE, FL
City & State

3. Mailing Address
2967 SE SAN JERONIMO RD
Suite, Apt. #, etc.
PORT ST. LUCIE, FL
City & State



03302005 Chg-LLC CR2E083 (10/03)

4. FEI Number **76-0786474** Applied For
NOT APPLICABLE Not Applicable

Zip **34952** Country **ST. LUCIE**

Zip **34952** Country **ST LUCIE**

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

6. Name and Address of Current Registered Agent

**KING, W. LEE JR
900 S. FEDERAL HIGHWAY STE.100
STUART, FL 34994**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DANFORTH, DAVID S
2967 SE SAN JERONIMO ROAD
PORT ST. LUCIE, FL 34952** ☐ 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

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 608, Florida Statutes.

SIGNATURE: **David S. Danforth** **DAVID S DANFORTH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/20/05 **772-398-4440**
Date Daytime Phone #