

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90283 001 \*\*\*\*50.00

DOCUMENT # L04000000999

1. Entity Name

DAVID MYLES, LLC



Principal Place of Business

1302 LEWIS RD.  
LEESBURG FL 34748

Mailing Address

1302 LEWIS RD.  
LEESBURG FL 34748



2. Principal Place of Business

2973 CR 543

3. Mailing Address

P.O. Box 534

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sumterville, FL

City & State

Sumterville FL

Zip

33585

Country

Sumter

Zip

33585

Country

Sumter

1st MOORE

CR2E083 (10/04)

4. FEI Number

02-3304452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MYLES, DAVID  
1302 LEWIS RD.  
LEESBURG FL 34748

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

*David Myles*

David Myles

3/30/05

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME MYLES, DAVID  
STREET ADDRESS 1302 LEWIS RD.  
CITY-ST-ZIP LEESBURG FL 34748

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Myles*

David Myles

3/30/05

352-303-4503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #