

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT #L04000009602

1. Entity Name
DAVIS RETAIL CENTER, L.L.C.



Principal Place of Business

**87 LAKE ST
GRIMSBY, ON L3M2G-6 CA**

Mailing Address

**87 LAKE ST
GRIMSBY, ON L3M2G-6 CA**

DO NOT WRITE IN THIS SPACE



01182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
43-2042715

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DURANT, MICHAEL A
2210 VANDERBILT RD
1201
NAPLES, FL 34109**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ZMENAK, EMIL
STREET ADDRESS	87 LAKE STREET
CITY-ST-ZIP	GRIMSBY, ON L3M2G6
TITLE	MGRM
NAME	ZMENAK, CAROLE
STREET ADDRESS	87 LAKE STREET
CITY-ST-ZIP	GRIMSBY, ON L3M2G6
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000802312
02/01/08-80054-009 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

Date

Daytime Phone #

Emil Zmenak
Emil Zmenak

Jan 18/08 905 995 9050
Date Daytime Phone #