

FILED
Jun 06, 2005 8:00 am
Secretary of State

04-25-2005 90100 010 ****50.00

DOCUMENT # L04000040635

Entity Name

DAVIES CONSTRUCTION LLC

Principal Place of Business
510 NE 3RD STREET
BOYNTON BEACH FL 33435

Principal Place of Business
510 NE 3RD ST
 Suite, Apt. #, etc.

City & State
B.D., FL

Zip
33435 Country
PALM BEACH

6. Name and Address of Current Registered Agent

DAVIES, GEORGE
510 NE 3RD STREET
BOYNTON BEACH FL 33435

Principal Address
510 NE 3RD STREET
BOYNTON BEACH FL 33435

Principal Address
510 NE 3RD ST
 Suite, Apt. #, etc.

City & State
B.D., FL

Zip
33435 Country
PALM BEACH

Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

SIGNATURE

Signature, typed or printed name of registered agent and on

9. MANAGING MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVIES, GEORGE 510 NE 3RD STREET BOYNTON BEACH FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

11. I hereby certify that the information supplied with this indicated on this report is true and accurate and that limited liability company or the receiver or trustee or

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

MANAGERS

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10.

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CITY - ST - ZIP

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ADDITIONS/CHANGES

☐ Change ☐ Addition

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If filing does not qualify for the exemption stated in Section 1 (9.07(3)(i), Florida Statutes, I further certify that the information in my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the corporation to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

To the State,

ATTACHMENT

5-31-05

38008760

#204000040635

The letter you sent is partly blocked out. I believe you want my FEIN #. It is 650494276.

Thank you,
George Davies

ATTACHMENT

30068760

#L04000046635

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION
FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE DATE 11/25/1999

EXPIRATION DATE 11/24/2001

EXEMPTED PERSON LAST NAME DAVIES

FIRST NAME GEORGE

C

SOCIAL SECURITY NUMBER 343-50-2890

BUSINESS NAME MICA SPECIALIST

FEDERAL IDENTIFICATION NUMBER 650494276

BUSINESS ADDRESS 510 NE 3RD STREET

BOYNTON BEACH

FL 33435



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NOTE: Pursuant to chapter 440.10(1)(g), 2, F.S., a sole proprietor, partner, or officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.

C U T H E R E

* Carry bottom portion on the job, keep upper portion for your records.