

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063926

FILED
Feb 28, 2009
Secretary of State

Entity Name: DAVID KING RENOVATIONS, LLC

Current Principal Place of Business:

220 WOODMERE BLVD
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1526
SANFORD, FL 32772

New Mailing Address:

FEI Number: 34-2018929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HESS, ROSEMARY
220 WOODMERE BLVD
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

KING, DAVID
220 WOODMERE BLVD
SANFORD, FL 32773 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: DAVID KING

02/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KING, DAVID A JR.
Address: 200 WOODMERE BLVD
City-St-Zip: SANFORD, FL 32773

Title: MGRM () Delete
Name: HESS, ROSEMARY
Address: 220 WOODMERE BLVD
City-St-Zip: SANFORD, FL 32773

Title: MGRM (X) Delete
Name: SALMON, RICK
Address: 2620 S. ELM AVE
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SALMON, RICK
Address: 2620 S. ELM AVE
City-St-Zip: SANFORD, FL 32773

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

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: DAVID KING

MGRM

02/28/2009

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