

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
03-09-2008 90062 023 ***138.00
L04000091626

08 JUN -3 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E083 (10/07)

DOCUMENT # L04000091626 1. Entity Name MICHAEL L. DAVIS LLC					
Principal Place of Business 805 E. HANNA AVE. APT #1 TAMPA FL 33604 US			Mailing Address 805 E. HANNA AVE APT #1 TAMPA FL 33604 US		
2. Principal Place of Business - No P.O. Box # 2518 EARLENE DR.		3. Mailing Address 2518 EARLENE DR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State LAND O' LAKES, FLORIDA		City & State LAND O' LAKES, FLORIDA		4. FEI Number 04-6588102	
Zip 34639		Country PASCO		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HEVIA, PETER R JR 7912 N. SAINT PETER AVE TAMPA FL 33614		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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent Signature required when reappointing)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAVIS, MICHAEL 805 E HANNA AVE, APT A TAMPA FL 33604 ☐ 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	
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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 exemptions contained in Section 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: <u>Michael L. Davis</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					