


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90088 045 ***138.75

DOCUMENT # L05000030489	
1. Entity Name DENISE DAVIDSON ENTERPRISES, LLC	

Principal Place of Business 3200 VIA ROYALE 3205 JUPITER, FL 33458 US	Mailing Address 3200 VIA ROYALE 3205 JUPITER, FL 33458 US
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60006530



2. Principal Place of Business - No P.O. Box # 117 E Royal Palm Circle Suite, Apt. #, etc. #107 City & State Jupiter FL Zip 33458 Country USA	3. Mailing Address 117 E Royal Palm Circle Suite, Apt. #, etc. #107 City & State Jupiter FL Zip 33458 Country USA
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01312008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2579340	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DAVIDSON, DENISE 3200 VIA ROYALE 3205 JUPITER, FL 33458	7. Name and Address of New Registered Agent Name Denise Davidson Street Address (P.O. Box Number is Not Acceptable) 117 E Royal Palm Circle #107 City Jupiter FL Zip Code 33458
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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  Denise E. Davidson, Manager 2/4/08
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	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIDSON, DENISE 3200 VIA ROYALE #3205 JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	117 E. Royal Palm Circle #107 Jupiter FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Denise E. Davidson 2/4/08 (561) 748-8083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #