

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90048 050 \*\*\*\*50.00

**DOCUMENT # L05000078517**



1. Entity Name

DAVID DONNELLY, LLC

Principal Place of Business

8238 NOROAD  
JACKSONVILLE FL 32210

Mailing Address

8238 NOROAD  
JACKSONVILLE FL 32210

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3280450

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONNELLY, DAVID  
8238 NOROAD  
JACKSONVILLE FL 32210

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR  
NAME: DONNELLY, DAVID  
STREET ADDRESS: 8238 NOROAD  
CITY ST ZIP: JACKSONVILLE FL 32210 ☐ Delete

TITLE: MGRM  
NAME: COX, WILLIAM  
STREET ADDRESS: 119 MEADOWBROOK  
CITY ST ZIP: ORANGE PARK FL 32073 ☒ Delete

TITLE: MGRM  
NAME: BYRNE, MARK M  
STREET ADDRESS: 2135 ROTHBURY DRIVE  
CITY ST ZIP: JACKSONVILLE FL 32221 ☐ Delete

TITLE: MGRM  
NAME: SNEED, JERRY R  
STREET ADDRESS: PO BOX 2086  
CITY ST ZIP: HAWTHORNE FL 32640 ☒ Delete

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition  
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STREET ADDRESS:  
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY ST ZIP:

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:

DAVID A. DONNELLY

1-25-07 904-370-0737

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

Date

Daytime Phone #