


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 10, 2008 8:00 am**  
**Secretary of State**

09-10-2008 90031 002 \*\*\*138.75

<b>DOCUMENT # L05000106557</b>					
<b>1. Entity Name</b> DAVIS RESURFACING & RENOVATIONS LLC					
<b>Principal Place of Business</b> 569 N. LAKESHORE DR PANAMA CITY BEACH, FL 32413 US			<b>Mailing Address</b> 569 N. LAKESHORE DR PANAMA CITY BEACH, FL 32413 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 3000 MINNESOTA AVE		<b>3. Mailing Address</b> 3000 MINNESOTA AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> LYNN HAVEN FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 81-0680811	
<b>Zip</b> 32444		<b>Country</b> BAH		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DAVIS, C L 569 N. LAKESHORE DR PANAMA CITY BEACH, FL 32413			<b>7. Name and Address of New Registered Agent</b> Name: DAVIS C L Street Address (P.O. Box Number is Not Acceptable): 3000 MINNESOTA AVE City: LYNN HAVEN FL Zip Code: 32444		
<b>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.</b> SIGNATURE: <i>[Signature]</i> CLARENCE L DAVIS JR 9-6-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAVIS, C L <input checked="" type="checkbox"/> Delete 569 N. LAKESHORE DR PANAMA CITY BEACH, FL 32413		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DAVIS C L 3000 MINNESOTA AVE LYNN HAVEN FL 32444	
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	
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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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	
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> CLARENCE L DAVIS JR 9-6-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 9-6-08 Daytime Phone #: 850-882-6602		