

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 27, 2007 8:00 am
Secretary of State

05-17-2007 90175 042 ****50.00

DOCUMENT # L06000020117					
1. Entity Name DAVENPORT CONSTRUCTION LLC					
Principal Place of Business 649 S. ADAMS STREET QUINCY FL 32351			Mailing Address 649 S. ADAMS STREET QUINCY FL 32351		
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		
6. Name and Address of Current Registered Agent DAVENPORT, SANDY 649 S. ADAMS STREET QUINCY FL 32351			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 _____ (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVENPORT, SANDY 649 S. ADAMS STREET QUINCY FL 32351		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change ☐ Addition		
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: <i>Sandy Davenport</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



1st MOORE CR2E083 (10/06)

Fee Number **06-1769811**
 5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required