

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000074829

1. Entity Name
DAVID BYRD LLC



Principal Place of Business
54 MOTHER NATURES PL
CRAWFORDVILLE, FL 32327

Mailing Address
54 MOTHER NATURES PL
CRAWFORDVILLE, FL 32327

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

3. Mailing Address

4304 BARK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TALL

Zip

Country

Zip

32305

Country

LEON

05012007 Chg-LLC CR2E083 (12/06)

4. FEI Number

01-0877524

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

BYRD, DAVID
54 MOTHER NATURES PL
CRAWFORDVILLE, FL 32327

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 reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

BK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BYRD, DAVID
54 MOTHER NATURES PL
CRAWFORDVILLE, FL 32327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
600101629686
05/07/07--01003--020 **50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
BK

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ 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

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: David Byrd

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

Date

Daytime Phone #

5-1-07

FILED
07 MAY -1 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

