

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90051 007 \*\*\*138.75

**DOCUMENT # L06000074994**

1. Entity Name  
**DAVID, MCELYEA & SANTOS, LLC**



Principal Place of Business  
**100 EAST FAITH TERRACE  
MAITLAND, FL 32751**

Mailing Address  
**P.O. BOX 940218  
MAITLAND, FL 32794**

**DO NOT WRITE IN THIS SPACE**



01042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**51-0594362**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DAVID, TIMOTHY  
100 EAST FAITH TERRACE  
MAITLAND, FL 32794**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	DAVID, TIMOTHY H
STREET ADDRESS	100 EAST FAITH TERRACE
CITY-ST-ZIP	MAITLAND, FL 32794
TITLE	MGR
NAME	MCELYEA, JOHN H
STREET ADDRESS	<del>100 EAST FAITH TERRACE</del> 1535 Williams Dr.
CITY-ST-ZIP	<del>MAITLAND, FL 32794</del> Winter Park FL 32789
TITLE	MGR
NAME	SANTOS, SCOTT D
STREET ADDRESS	<del>100 EAST FAITH TERRACE</del> 106 E. Wyndam Ct
CITY-ST-ZIP	<del>MAITLAND, FL 32794</del> Longwood FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

Date

Daytime Phone #