2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2007
Secretary of State

DOCUMENT# L06000099496

Entity Name: DAVIS INSURANCE AGENCY LLC

Current Principal Place of Business:

3959 S. NOVA RD. SUITE 35
PORT ORANGE, FL 32127 US

New Principal Place of Business:

3959 S. NOVA RD.
SUITE 35
PORT ORANGE, FL 32127 US

Current Mailing Address:

3959 S. NOVA RD. SUITE 35
PORT ORANGE, FL 32127 US

New Mailing Address:

3959 S. NOVA RD.
SUITE35
PORT ORANGE, FL 32127 US

FEI Number: 20-8315647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, CHARLES W JR
1242 HARBOUR POINT DR
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR ( ) Change (X) Addition
Name: DAVIS, CHARLES W JR
Address: 1242 HARBOR POINT DR
City-St-Zip: PORT ORANGE, FL 32127 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES W DAVIS JR MR 02/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date