


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90117 016 ***138.75

DOCUMENT # L06000107292 1. Entity Name DAVESTIME LLC					
Principal Place of Business PO BOX 430228 BIG PINE, FL 33043			Mailing Address PO BOX 430228 BIG PINE, FL 33043		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
6. Name and Address of Current Registered Agent WHETZEL, DAVID E 863 INDIES RD RAMROD, FL 33042			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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHETZEL, DAVID E 863 INDIES RD RAMROD, FL 33042		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHETZEL, SANDRA L 863 INDIES RD RAMROD, FL 33042		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	
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	
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	
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: _____			Date 3/19/08 Daytime Phone # _____		

60016235



01222008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5947644** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

ATTACHMENT
6000107292

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<u>Detail by Entity Name</u>					
<u>Florida Limited Liability Company</u>					
DAVESTIME LLC					
<u>Filing Information</u>					
Document Number L06000107292					
FEI Number 163480672					
Date Filed 11/06/2006					
State FL					
Status ACTIVE					
<u>Principal Address</u>					
PO BOX 430228 BIG PINE FL 33043					
<u>Mailing Address</u>					
PO BOX 430228 BIG PINE FL 33043					
<u>Registered Agent Name & Address</u>					
WHETZEL, DAVID E 863 INDIES RD RAMROD FL 33042 US					
<u>Manager/Member Detail</u>					
<u>Name & Address</u>					
Title MGRM					
WHETZEL, DAVID E 863 INDIES RD RAMROD FL 33042					
Title MGRM					
WHETZEL, SANDRA L 863 INDIES RD RAMROD FL 33042					
<u>Annual Reports</u>					
<u>Report Year Filed Date</u>					
2007 05/16/2007					

S/O 20-594 7644

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