

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122980

FILED  
May 04, 2008  
Secretary of State

Entity Name: AMIE DAVIES, LLC

**Current Principal Place of Business:**

4705 BEN SALEM WAY  
HAHIRA, GA 31632

**New Principal Place of Business:**

28 W CALLE PATIO LINDO  
SAHUARITA, AZ 85629

**Current Mailing Address:**

4705 BEN SALEM WAY  
HAHIRA, GA 31632

**New Mailing Address:**

28 W CALLE PATIO LINDO  
SAHUARITA, AZ 85629

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DAVIES, AMIE L  
152 SE DEFENDER DR  
LAKE CITY, FL 32025    US

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:                      MGRM                      ( ) Delete  
Name:                      DAVIES, AMIE L  
Address:                      4705 BEN SALEM WAY  
City-St-Zip:                      HAHIRA, GA 31632

Title:                      MGRM                      ( ) Delete  
Name:                      DAVIES, JEFFREY W  
Address:                      4705 BEN SALEM WAY  
City-St-Zip:                      HAHIRA, GA 31632

**ADDITIONS/CHANGES:**

Title:                      MGRM                      (X) Change                      ( ) Addition  
Name:                      DAVIES, AMIE L  
Address:                      28 W CALLE PATIO LINDO  
City-St-Zip:                      SAHUARITA, AZ 85629

Title:                      MGRM                      (X) Change                      ( ) Addition  
Name:                      DAVIES, JEFFREY W  
Address:                      28 W CALLE PATIO LINDO  
City-St-Zip:                      SAHUARITA, AZ 85629

I hereby certify that the information supplied with this filing does not qualify 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: AMIE L. DAVIES

MGRM

05/04/2008

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