2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2009
Secretary of State

DOCUMENT# L07000045977

Entity Name: MIKE DAVIS CONSULTING, LLC

Current Principal Place of Business:

10732 CAMP MACK ROAD
LAKE WALES, FL 33898

New Principal Place of Business:

Current Mailing Address:

10732 CAMP MACK ROAD
LAKE WALES, FL 33898

New Mailing Address:

40 BUTTERCUP DRIVE #408
GUNTERSVILLE, AL 35976

FEI Number: 20-8982848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

REYNOLDS, ROBERT D
10732 CAMP MACK ROAD
LAKE WALES, FL 33898 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: MGR ( ) Delete
Name: REYNOLDS, ROBERT D
Address: 10732 CAMP MACK ROAD
City-St-Zip: LAKE WALES, FL 33898

Title: MGR ( ) Delete
Name: DAVIS, PHILLIP M
Address: 10732 CAMP MACK ROAD
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: DAVIS, PHILLIP M
Address: 40 BUTTERCUP DRIVE # 408
City-St-Zip: GUNTERSVILLE, AL 35976

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: ROBERT D REYNOLDS MGR 07/09/2009

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