2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L07000062840

1. Entity Name WILLIAM A. DAVIS SERVICE COMPANY, LLC



FILED Jan 07, 2008 8:00 am Secretary of State

01-07-2008 90048 038 ***138.75

•			100	7			
Principal Place of Business 2073 LEGION RD. SNEADS, FL 32460		Mailing Address 2073 LEGION RD. SNEADS, FL 32460					
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address					
				I (EE MITALII B	n ab tri i es n ss in se m se m	1 estra d iit a li st ai risin eren er	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008	Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Numb	5037593	5 A	pplied For ot Applicable
Zip	Country	Ζiρ	Country	5. Certificate	e of Status Desired	□ \$5.00 Ad Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name an	d Address of New R	egistered Agent	
	LLIAM A JMA ROAD OCHEE, FL 32424	Name William Street Address (P.O. Box Nu				·	
	#1 <u>-</u>		City S	neads			460
the obligati	named entity submits this statement for ons of registered agent.	war	Tegistered office or regis		oth, in the State of Flo	orida. I am familiar with	_
	NOWIII FEE IS \$138.75 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State		
9.	MANAGING MEMBE		10.		ADDITIONS/		
NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, WILLIAM A 418 SATSUMA ROAD	Delete	NAME STREET ADDRESS CITY-SI-ZIP	1GR DAVIS, WI 2073 LE	sion Rd FL 321	Change I-LO	Addition
TITLE NAME STREET ADDRESS	CHATTAHOOCHEE, 32 32324	Delete	TITLE NAME STREET ADDRESS	>neaas	, , , , , , , , , , , , , , , , , , , ,	☐ Change	Addition
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delcte	TITLE NAME STREET ADDRESS CITY-ST-ZEP			Change	Addition
indicated	pertify that the information supplied with on this report is true and accurate and bility company or the receiver or trusted	that my signature shall have	the same legal effect as	s if made under oa	th; that I am a manag	urther certify that the int ging member or manag	formation jer of the

RE: Waddowb
MATURE AND TYPED OR PRINTED HAIRE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE