

FILED
Mar 03, 2008 8:00 am
Secretary of State

01-14-2008 90049 043 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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30000850



01092008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000081179

1. Entity Name
NEO DAVIS, LLC



Principal Place of Business
% NEO DAVIS RESEARCH, INC.
600 BIRD BAY DRIVE WEST
VENICE, FL 34285-8020

Mailing Address
% NEO DAVIS RESEARCH, INC.
600 BIRD BAY DRIVE WEST
VENICE, FL 34285-8020

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-1943249

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMBRECHT, WILLIAM G
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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
MGR.
NEO DAVIS
600 BIRD BAY DR W.
VENICE, FL 34285

☐ Delete

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NEO DAVIS

1-9-08

941-412-2301

Date

Daytime Phone #