

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124174

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** DAVIS RETAIL ENTERPRISES, LLC

**Current Principal Place of Business:**

1639 PARKSIDE CIRCLE  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

**Current Mailing Address:**

1639 PARKSIDE CIRCLE  
NICEVILLE, FL 32578 US

**New Mailing Address:**

1639 PARKSIDE CIR  
NICEVILLE, FL 32578

**FEI Number:** 41-2265312

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
320 S. FLAMINGO ROAD  
347  
PEMBROKE PINES, FL 33027 US

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

DAVIS, RICHARD K  
1639 PARKSIDE CIR  
NICEVILLE, FL 32578 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: RICHARD K. DAVIS

03/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DAVIS, RICHARD K  
Address: 1639 PARKSIDE CIRCLE  
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGRM ( ) Delete  
Name: DAVIS, EVON C  
Address: 1639 PARKSIDE CIRCLE  
City-St-Zip: NICEVILLE, FL 32578 US

**ADDITIONS/CHANGES:**

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

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

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: RICHARD K. DAVIS

MGRM

03/24/2009

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