

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000027808

Entity Name: GAIL DAVENPORT, LLC

FILED  
Jun 26, 2009  
Secretary of State

## Current Principal Place of Business:

6 CYPRESS RUN  
HAINES CITY, FL 33844

## New Principal Place of Business:

16 PILOT PLACE  
WINTER HAVEN, FL 33881

## Current Mailing Address:

6 CYPRESS RUN  
HAINES CITY, FL 33844

## New Mailing Address:

16 PILOT PLACE  
WINTER HAVEN, FL 33881

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:

DAVENPORT, GAIL  
6 CYPRESS RUN  
HAINES CITY, FL 33844 US

## Name and Address of New Registered Agent:

DAVENPORT, GAIL  
16 PILOT PLACE  
WINTER HAVEN, FL 33881 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:

06/26/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: DAVENPORT, GAIL  
Address: 6 CYPRESS RUN  
City-St-Zip: HAINES CITY, FL 33844

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: DAVENPORT, GAIL  
Address: 16 PILOT PLACE  
City-St-Zip: WINTER HAVEN, FL 33881

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: GAIL DAVENPORT

MS.

06/26/2009

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