

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000046791

**FILED**  
**Apr 22, 2009**  
**Secretary of State**

**Entity Name:** STEVEN DAVIS FARMS, LLC

**Current Principal Place of Business:**

20915 N. SR 121  
LACROSSE, FL 32658 US

**New Principal Place of Business:**

**Current Mailing Address:**

20915 N. SR 121  
LACROSSE, FL 32658 US

**New Mailing Address:**

PO BOX 325, 20915 N. SR 121  
LACROSSE, FL 32658 US

**FEI Number:** 26-2972037

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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, STEVEN M  
11204 NW CR 236  
ALACHUA, FL 32615 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:** STEVEN M DAVIS

04/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** DAVIS, STEVEN M  
**Address:** 20915 N. SR 121  
**City-St-Zip:** LACROSSE, FL 32658 US

**ADDITIONS/CHANGES:**

**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:** STEVEN M DAVIS

MGRM

04/22/2009

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