

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049785

FILED  
Mar 06, 2012  
Secretary of State

**Entity Name:** DAVIS, NORTHCUTT, SAING, LLC.

**Current Principal Place of Business:**

4821 SKATES CIRCLE  
FORT MYERS, FL 33905 US

**New Principal Place of Business:**

**Current Mailing Address:**

4821 SKATES CIRCLE  
FORT MYERS, FL 33905 US

**New Mailing Address:**

**FEI Number:** 26-2633821

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, STEVEN M  
4281 SKATES CIRCLE  
FORT MYERS, FL 33905 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** DAVIS, STEVEN M  
**Address:** 4281 SKATES CIRCLE  
**City-St-Zip:** FORT MYERS, FL 33905 US

**Title:** MGR  
**Name:** DAVIS, GEORGE L  
**Address:** 106 WILLOW LANE  
**City-St-Zip:** LEESBURG, FL 34748 US

**Title:** MGR  
**Name:** DAVIS, DIANNE B  
**Address:** 106 WILLOW LANE  
**City-St-Zip:** LEESBURG, FL 34748 US

**Title:** MGR  
**Name:** SAING, MICHELLE D  
**Address:** 1190 FRASER PINE BLVD  
**City-St-Zip:** SARASOTA, FL 34240 US

**Title:** MGR  
**Name:** NORTHCUTT, CHRISTINE L  
**Address:** 3336 RELAY RD  
**City-St-Zip:** ORMOND BEACH, FL 32174 US

I hereby 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

MGR

03/06/2012

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