

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000054563

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** LAURANCE B. & MELISSA S. DAVIS, L.L.C.

**Current Principal Place of Business:**

408 POMPANO STREET  
PANAMA CITY BEACH, FL 32413

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 4662  
SEASIDE, FL 32459

**New Mailing Address:**

POST OFFICE BOX 4662  
SANTA ROSA BEACH, FL 32459

FEI Number: 26-2741184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HELMICH, KEVIN M ESQ.  
4481 LEGNDARY DRIVE, SUITE 200  
DESTIN, FL 32541 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 ( ) Delete  
Name: DAVIS, LAURANCE B JR.  
Address: POST OFFICE BOX 4662  
City-St-Zip: SEASIDE, FL 32459

Title: MGR ( ) Delete  
Name: DAVIS, MELISSA S  
Address: POST OFFICE BOX 4662  
City-St-Zip: SEASIDE, FL 32459

**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: LAURANCE B DAVIS, JR

MR

01/15/2009

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