

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000099907

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** DAVID GAIL ENTERPRISES LLC

**Current Principal Place of Business:**

1813 DR MLK JR DR  
PENSACOLA, FL 32503 US

**New Principal Place of Business:**

362 GULF BREEZE PKWY  
GULF BREEZE, FL 32561 US

**Current Mailing Address:**

1813 DR MLK JR DR  
PENSACOLA, FL 32503 US

**New Mailing Address:**

362 GULF BREEZE PKWY  
GULF BREEZE, FL 32561 US

**FEI Number:** 80-0289354

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCLESKEY, MATTHEW D  
1813 DR MLK JR DR  
PENSACOLA, FL 32503 US

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

MCCLESKEY, MATTHEW D  
362 GULF BREEZE PKWY  
GULF BREEZE, FL 32561 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:

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MCCLESKEY, MATTHEW D  
Address: 362 GULF BREEZE PKWY  
City-St-Zip: GULF BREEZE, FL 32561 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: MATTHEW MCCLESKEY

MGR

04/29/2011

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