2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108666

Entity Name: GARY DAVIS REMODELING & REPAIR, LLC

FILED Apr 24, 2009 Secretary of State

7821 GOLF PARADISE WAY CLERMONT, FL 34711 US

Current Mailing Address: New Mailing Address:

P.O. BOX 12-1414 P. O. BOX 12-1414

CLERMONT, FL 34712 US CLERMONT, FL 34712 US

FEI Number: 26-3765393 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DAVIS, GARY 7821 GOLF PARADISE WAY CLERMONT, FL 34711 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 DAVIS, GARY
 Name:

 Address:
 7821 GOLF PARADISE WAY
 Address:

 City-St-Zip:
 CLERMONT, FL 34711 US
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 GOMEZ FRANCO, JAIME
 Name:

 Address:
 1375 LAKE SHADOW CIRCLE UNIT 11103
 Address:

 City-St-Zip:
 MAITLAND, FL 32751 US
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 DAVIS, PATRICIA
 Name:

 Address:
 7821
 Address:

 City-St-Zip:
 CLERMONT, FL 34711 US
 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: GARY T. DAVIS MR. 04/24/2009