

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000108666

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** GARY DAVIS REMODELING & REPAIR, LLC

**Current Principal Place of Business:**

7821 GOLF PARADISE WAY  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 12-1414  
CLERMONT, FL 34712 US

**New Mailing Address:**

**FEI Number:** 26-3765393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, GARY  
7821 GOLF PARADISE WAY  
CLERMONT, FL 34711 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: MGRM  
Name: DAVIS, GARY  
Address: 7821 GOLF PARADISE WAY  
City-St-Zip: CLERMONT, FL 34711 US

Title: MGRM  
Name: GOMEZ FRANCO, JAIME  
Address: 1375 LAKE SHADOW CIRCLE UNIT 11103  
City-St-Zip: MAITLAND, FL 32751 US

Title: MGRM  
Name: DAVIS, PATRICIA  
Address: 7821  
City-St-Zip: CLERMONT, FL 34711 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: GARY T. DAVIS

MGRM

04/30/2010

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