

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000139641

**FILED**  
**Aug 27, 2014**  
**Secretary of State**

**Entity Name:** FINLEY, DAVIS AND ASSOCIATES, LLC

**Current Principal Place of Business:**

1271 WINDSOR PLACE  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

1650 MARGARET STREET  
STE 302, PMB 334  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

1271 WINDSOR PLACE  
JACKSONVILLE, FL 32205

**New Mailing Address:**

1650 MARGARET STREET  
STE 302, PMB 334  
JACKSONVILLE, FL 32204

**FEI Number:** 46-1432694

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FINLEY, DARRIN G  
1271 WINDSOR PLACE  
JACKSONVILLE, FL 32205 US

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

FINLEY, DARRIN G  
1650 MARGARET STREET  
STE 302, PMB 334  
JACKSONVILLE, FL 32204 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: DARRIN G. FINLEY

08/27/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: FINLEY, DARRIN G  
Address: 1650 MARGARET STREET, STE 302, PMB 334  
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM  
Name: DAVIS, LYNN  
Address: 3691 MASTERS ROAD  
City-St-Zip: ELLENWOOD, GA 30294

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: DARRIN G. FINLEY

MGRM

08/27/2014

Electronic Signature of Authorized Person

Date