

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90021 048 \*\*\*\*50.00

**DOCUMENT # L95000000005**

1. Entity Name  
**DAVINCI FARMS, L.C.**



Principal Place of Business  
**11331 LONG RD.  
FORT MYERS, FL 33905**

Mailing Address  
**P.O. BOX 7584  
FT. MYERS, FL 33911**

**DO NOT WRITE IN THIS SPACE**

01122005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**59-3289577**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**EBY, CHARLES S  
2666 SWAMP CABBAGE CT.  
FT. MYERS, FL 33901**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE **4/7/05**

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGR</b>
NAME	<b>EBY, CHARLES S</b>
STREET ADDRESS	<b>2666 SWAMP CABBAGE CT</b>
CITY - ST - ZIP	<b>FORT MYERS, FL 33901</b>

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
HOLTSVILLE NY 11742-9011

ATTACHMENT

30065754

#L95000000005

910772 Mrs. Stern X

Date of this notice: 10-04-2004

Employer Identification Number:  
22-3903452

Form: 514

Number of this notice: CP 575 C

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.



001465

DERMATOLOGIC AND COSMETIC SURGERY  
22 EBY CHARLES STREET  
2668 SWAMP CABBAGE CT  
FORT MYERS FL 33901

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

~~Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 22-3903452. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.~~

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

Form 941  
Form 940

09/29/2004  
01/31/2005

being filed as subchapter  
corp under  
charles Eby 440-34-5566

After our review of your information, we have determined that you are delinquent for the above-mentioned tax period(s) dating as far back as 2004. Please file your return(s) by 10-19-2004. Penalties and interest will continue to accumulate from the due date of the return(s) until it is filed. If you were not in business or did not hire any employees for the tax period(s) in question, please file the return(s) showing you have no liabilities. If you need tax forms, you can call 1-800-829-3676 or you can download the forms from the IRS website at [www.irs.gov](http://www.irs.gov).

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or the superceding revenue procedure for the year at issue).