

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M02000002757

1. Entity Name
DAVCO HOLDINGS, LLC



Principal Place of Business
393 BARBERRY LANE
ALTAMONTE SPRINGS, FL 32714

Mailing Address
393 BARBERRY LANE
ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10112004 REIN-LLC CR2E101 (6/04)

4. FEI Number
57-1686096

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIES, GARY R
393 BARBERRY LANE
ALTAMONTE SPRINGS, FL-32714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

GARY DAVIES, MGR

(NOTE: Registered Agent signature required when reinstating)

10/10/04
DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME DAVIES, GARY R
STREET ADDRESS 393 BARBERRY LANE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE ☐ Change ☐ Addition
NAME 200041908212
STREET ADDRESS 10/15/04--01091--013 **\$50.00
CITY-ST-ZIP

TITLE MGR ☒ Delete
NAME DAVIES, DEBORAH A
STREET ADDRESS 393 BARBERRY LANE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE ☐ Change ☒ Addition
NAME MGR
STREET ADDRESS SAK, MARSHA E
CITY-ST-ZIP 393 BARBERRY LN
ALTAMONTE SPRINGS, FL 32714

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 200041908212
STREET ADDRESS 12/27/04--01088--023 **\$150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE:

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

Gary Davies

10/10/04 324 2397085
Date Daytime Phone #

REINSTATEMENT 04-05

150.00