

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000035609

**Entity Name:** DAVIDSON CTH, LLC

**Current Principal Place of Business:**

1800 GRIFFITH RD.  
LAMONT, FL 32336

**Current Mailing Address:**

P.O. BOX 76  
LAMONT, FL 32336

**FEI Number:** 52-2458272

**Certificate of Status Desired:** No

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

DAVIDSON, C. LINDEN  
1800 GRIFFITH RD.  
LAMONT, FL 32336 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

**Authorized Person(s) Detail :**

Title MGRM  
Name DAVIDSON, DAVID  
Address 7421 SOMERSET PL  
City-State-Zip: NASHVILLE TN 37221

Title MGRM  
Name DAVIDSON, JOHN L  
Address 323 COOK STREET  
City-State-Zip: ST GEORGE ISLAND FL 32328

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID DAVIDSON

**MANAGER**

**03/14/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date