

2016 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, C LINDEN
Address 1800 GRIFFITH RD
City-State-Zip: LAMONT FL 32336

Title MGRM
Name DAVIDSON, JOHN L
Address 604 ORANGE BLOSSOM DR
City-State-Zip: WINTER HAVEN FL 33880

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: JOHN DAVIDSON

MANAGER

03/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date