

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000095630

**Entity Name:** DAVIS FAMILY VENTURES LLC

**Current Principal Place of Business:**

1830 PLUMBAGO LN  
NAPLES , FL 34105

**Current Mailing Address:**

1830 PLUMBAGO LN  
NAPLES, FL 34105 US

**FEI Number:** 27-3512864

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           | MGR              | Title           | MANAGER          |
| Name            | DAVIS, MARK A    | Name            | DAVIS, NANCY     |
| Address         | 1830 PLUMBAGO LN | Address         | 1830 PLUMBAGO LN |
| City-State-Zip: | NAPLES FL 34105  | City-State-Zip: | NAPLES FL 34105  |

*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:** MARK DAVIS

**MANAGER**

**01/16/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date