

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000075189

Entity Name: DAVID SAPP LLC

Current Principal Place of Business:

272 FRIENDSHIP CHURCH RD
CRAWFORDVILLE, FL 32327

Current Mailing Address:

272 FRIENDSHIP CHURCH RD
CRAWFORDVILLE, FL 32327

FEI Number: 20-5579826

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAPP, DAVID
272 FRIENDSHIP CHURCH RD
CRAWFORDVILLE, FL 32327 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 SAPP, DAVID
Address 272 FRIENDSHIP CHURCH RD
City-State-Zip: CRAWFORDVILLE FL 32327

Title MGRM
Name SAPP, LEONARD R
Address 272 FRIENDSHIP CHURCH RD
City-State-Zip: CRAWFORDVILLE FL 32327

Title MANAGER
Name THOMAS, HOSEY
Address 272 FRIENDSHIP CHURCH RD
City-State-Zip: CRAWFORDVILLE FL 32327

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 M SAPP

OWNER

03/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date