

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # M03000001009

1. Entity Name

BLUERIDGE ACQUISITION COMPANY, LLC



FILED

05 FEB 10 PM 12:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MOORE



MOORE: CR2E083 (11/03)

2/10

Principal Place of Business
1546 PROGRESS RD.
ELLIJAY GA 30540

Mailing Address

1546 PROGRESS RD.
ELLIJAY GA 30540

2. Principal Place of Business

3. Mailing Address

P.O. Box 507

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ELLIJAY GA

4. FEI Number

62-1749362

Applied For

Not Applicable

Zip

Country

Zip

30540

Country

USA

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

Name

JEFF CARTER

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

2174 Tortoise Shell Drive
MAITLAND FL Zip Code
32751

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/05

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME HAYES, GREGG
STREET ADDRESS 1546 PROGRESS RD.
CITY-ST-ZIP ELLIJAY GA 30540 ☐ Delete

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

TITLE MGRM
NAME VERBET, PAUL
STREET ADDRESS 1546 PROGRESS RD.
CITY-ST-ZIP ELLIJAY GA 30540 ☐ Delete

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

TITLE MGRM
NAME GALLMAN, MIKE
STREET ADDRESS 1546 PROGRESS RD.
CITY-ST-ZIP ELLIJAY GA 30540 ☐ Delete

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

TITLE MGRM
NAME WESTMORELAND, DAVID
STREET ADDRESS 1546 PROGRESS RD.
CITY-ST-ZIP ELLIJAY GA 30540 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

David A. Westmoreland

10/19/04

276-2001

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

Date

Daytime Phone #