

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000044340

1. Entity Name

BUTCH J. WALDO CONSTRUCTION L.L.C.



FILED
05 APR 15 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1044 CANARVON DRIVE
TALLAHASSEE FL 32313

Mailing Address

1044 CANARVON DRIVE
TALLAHASSEE FL 32313

2. Principal Place of Business

Killearn Central Blv.

Suite, Apt. #, etc.

2311 B

City & State

Tallahassee, Florida

Zip

32309

Country

Leon

3. Mailing Address

Killearn Central Blv

Suite, Apt. #, etc.

2311 B

City & State

Tallahassee, Florida

Zip

32309

Country

Leon



1st MOORE

CR2E083 (10/04)

4. FEI Number

27-0066910

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALDO, BUTCH J
1044 CANARVON DRIVE
TALLAHASSEE FL 32313

7. Name and Address of New Registered Agent

Name

Waldo, Butch J

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

2311 B Killearn Central Blv.

City

Tallahassee

FL

Zip Code

32309

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Butch J. Waldo

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/05

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME WALDO, BUTCH J
STREET ADDRESS 1044 CANARVON DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32313

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME WALDO, BUTCH J
STREET ADDRESS 2311 B Killearn Central Blv.
CITY-ST-ZIP Tallahassee, FL 32309

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

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

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

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

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

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:

Butch J. Waldo

Butch J Waldo

4/15/05 (443) 443-3195

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

Date

Daytime Phone #