

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90355 046 \*\*\*\*\*50.00

DOCUMENT # L03000046797

1. Entity Name

HUDSON CONTRACTING, L.L.C.



Principal Place of Business

20305 NW 105TH AVENUE  
MCINTOSH, FL 32664

Mailing Address

POST OFFICE BOX 162  
MCINTOSH, FL 32664

**DO NOT WRITE IN THIS SPACE**



02252006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-0449203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUDSON, STEVEN C  
20305 NW 105TH AVENUE  
MCINTOSH, FL 32664

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HUDSON, STEVEN C
STREET ADDRESS	20305 NW 105TH AVENUE
CITY-ST-ZIP	MCINTOSH, FL 32664

TITLE	
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CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: HUDSON STEVEN C  
Steven C. Hudson

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

3-09-06 352 843 2600

Date

Daytime Phone #