

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000047879

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Entity Name:** BOBBY DONALDSON FRAMING, LLC

**Current Principal Place of Business:**

14 CREEKSIDE WATERVIEW PLACE  
FREEPORT, FL 32439

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2311  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

14 CREEKSIDE WATERVIEW PLACE  
FREEPORT, FL 32439

**FEI Number:** 61-1463917

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DONALDSON, BOBBY  
14 CREEKSIDE WATERVIEW PLACE  
FREEPORT, FL 32439 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DONALDSON, BOBBY  
Address: 14 CREEKSIDE WATERVIEW PLACE  
City-St-Zip: FREEPORT, FL 32439

Title: MGRM  
Name: DONALDSON, KEVIN  
Address: 21 GATOR RUN  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: BOBBY DONALDSON

MGR

03/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date