## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L03000050859**

1. Entity Name

CURTIS NEWBERRY JR. WELL DRILLING / WATER PUMP SERVICE, LLC



FILED Jan 14, 2008 08:00 AM Secretary of State

Principal Place of Business

6922 NE MOORE AVENUE ARCADIA, FL 34266 US Mailing Address

6922 NE MOORE AVENUE ARCADIA, FL 34266 US



01102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 57-1194700

Applied For Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWBERRY, CURTIS E JR. 6922 NE MOORE AVENUE ARCADIA, FL 34266

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 .
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS	·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEWBERRY, CURTIS E JR. 6922 NE MOORE AVENUE ARCADIA, FL 34266		·
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000784186 01/16/08-80044-021 143.75
TITLE NAME STREET ADDRESS CJTY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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.

R AUTHORIZED REPRESENTATIVE

SIGNATURE: Custin E. Deuling Signature and typeo or printen name of signing managing member of act

1-11-08

863-494-5356

Daylima Phone #