

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052123

**FILED**  
**Jun 15, 2008**  
**Secretary of State**

**Entity Name:** PLUMB LEVEL CONSTRUCTION CO. LLC

**Current Principal Place of Business:**

5928 S.W. C.R. 751  
JASPER, FL 32052 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1416  
LIVE OAK, FL 32064 US

**New Mailing Address:**

232 NW CHADLEY LANE  
LAKE CITY, FL 32055 US

**FEI Number:** 58-2137616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BEDENBAUGH, KEVIN L SR  
5928 S.W. C.R. 751  
JASPER, FL 32052 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:** MGRM ( ) Delete  
**Name:** BEDENBAUGH, KEVIN L SR  
**Address:** POST OFFICE BOX 1416  
**City-St-Zip:** LIVE OAK, FL 32064 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** BEDENBAUGH, KEVIN L SR  
**Address:** 5928 SW CR 751  
**City-St-Zip:** JASPER, FL 32052 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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:** KEVIN L. BEDENBAUGH, SR.

MGRM

06/15/2008

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