

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052123

FILED
Jan 22, 2009
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:

232 NW CHADLEY LANE
LAKE CITY, FL 32055 US

Current Mailing Address:

232 NW CHADLEY LANE
LAKE CITY, FL 32055 US

New Mailing Address:

FEI Number: 58-2137616 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: 5928 SW CR 751
City-St-Zip: JASPER, FL 32052 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: BEDENBAUGH, KEVIN L JR
Address: 232 NW CHADLEY LANE
City-St-Zip: LAKE CITY, FL 32055 US

Title: MGRM () Change (X) Addition
Name: BEDENBAUGH, JOSHUA
Address: 10142 SW 158TH AVENUE
City-St-Zip: LAKE BUTLER, FL 32054 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

01/22/2009

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