


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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|---|---|--|---|--|--|
| DOCUMENT # L03000053603 1. Entity Name NORTH FL. WELL DRILLING LC | | | |  | |
| Principal Place of Business 24396 LONE STAR CT. TALLAHASSEE, FL 32310 | | | Mailing Address 24396 LONE STAR CT. TALLAHASSEE, FL 32310 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent SMALLEY, STEVEN E 24396 LONE STAR CT. TALLAHASSEE, FL 32310 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by September 7, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SMALLEY, STEVEN E 24396 LONE STAR CT. TALLAHASSEE, FL 32310 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Steven E Smalley</u> | | | 8-31-05 524-9355 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |

FILED
 05 AUG 31 PM 1:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



06282005 Chg-LLC CR2E083 (10/03)

4. FEI Number 35-2221289
59-3100004 Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

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 09/01/05--01028--015 **50.00