

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000056310

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Entity Name:** CHARLOTTE WELL DRILLING, L.L.C.

**Current Principal Place of Business:**

1160 BUENA VISTA CIRCLE  
PORT CHARLOTTE, FL 33953

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 381252  
MURDOCK, FL 33938

**New Mailing Address:**

**FEI Number:** 52-2436480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LABROSSE, SHELDON  
1160 BUENA VISTA CIRCLE  
PORT CHARLOTTE, FL 33953 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  
**Name:** LABROSSE, SHELDON L MGRM  
**Address:** 17463 TERRY AVENUE  
**City-St-Zip:** PORT CHARLOTTE, FL 33948

**Title:** MGRM  
**Name:** LABROSSE, MARIE C MGRM  
**Address:** 17463 TERRY AVENUE  
**City-St-Zip:** PORT CHARLOTTE, FL 33948

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:** MARIE LABROSSE

ML

01/14/2011

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