2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 11, 2005 8:00 am
Secretary of State
03-04-2005 90021 032 ****55.00

DOCUMENT # L03000057152

1. Entity Name
BLOODSWORTH CONTRACTING, LLC

Principal Place of Business	Mailing Address
337 CHANDLER ROAD NOKOMIS FL 34275	337 CHANDLER ROAD NOKOMIS FL 34275

1st MOORE CR2E083 (10/04)

2. Principal Place of Business		3. Mailing Address	
		P.O. Box 206	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Laurel, Fl	
Zip	Country	Zip: 34272	Country: USA

4. FEI Number: 33-1078837 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLON, STEVEN 413 BAYSIDE LANE NOKOMIS FL 34275	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 7-6-05

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLOODSWORTH, LARRY D 337 CHANDLER RD NOKOMIS FL 34275	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 7-6-05 941 270033 1
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #