

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000057152 1. Entity Name BLOODSWORTH CONTRACTING, LLC	
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Principal Place of Business 337 CHANDLER ROAD NOKOMIS FL 34275 US	Mailing Address P.O. BOX 206 LAUREL FL 34272 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

2nd MOORE CR2E083 (4/06)

4. FEI Number 33-1078837	Applied For
	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME	MGRM BLOODSWORTH, LARRY D <input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	337 CHANDLER RD NOKOMIS FL 34275
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	U00000574015 08/10/06-80003-004 50.00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **8-8-06** **9412700331**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #