

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000001028

1. Entity Name
BALLARD UNDERGROUND SERVICES, LLC



Principal Place of Business
3215 WOODSTOCK AVENUE
LAKELAND, FL 33803-8351

Mailing Address
2209 WEBER ST
LAKELAND, FL 33801

DO NOT WRITE IN THIS SPACE



01052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
90-0210020

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALLARD, LANDIS J
3215 WOODSTOCK AVENUE
LAKELAND, FL 33803-8351

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and the filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

000000478423
04/08/06-80005-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BALLARD, LANDIS J
STREET ADDRESS	3215 WOODSTOCK AVENUE
CITY-ST-ZIP	LAKELAND, FL 338038351
TITLE	MGRM
NAME	HARRIS, LINDA S
STREET ADDRESS	2209 WEBER ST
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	MGRM
NAME	BALLARD, LARRY D
STREET ADDRESS	26040 BROKEN ARROW PATH
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Linda S. Harris
3/20/06 **863-661-482**
Date Daytime Phone #