

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 18, 2008 8:00 am
Secretary of State

01-17-2008 90054 045 ***138.75

DOCUMENT # L04000004865

1. Entity Name
SUTCLIFFE WELL DRILLING, LLC



Principal Place of Business
5115 HAROLD AVE
SARASOTA, FL 34235

Mailing Address
5115 HAROLD AVE
SARASOTA, FL 34235

30010474



07142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2141285

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUTCLIFFE, HORACE III
5115 HAROLD AVE
SARASOTA, FL 34235

**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

Carol Sutcliffe

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SUTCLIFFE, HORACE III
STREET ADDRESS	5115 HAROLD AVE
CITY-ST-ZIP	SARASOTA, FL 34235
TITLE	MGR
NAME	SUTCLIFFE, CAROL
STREET ADDRESS	5115 HAROLD AVE
CITY-ST-ZIP	SARASOTA, FL 34235
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Carol Sutcliffe

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

7-14-08

Date

Daytime Phone #