

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90022 037 ****50.00

DOCUMENT # L04000006198

1. Entity Name

BARLOW WATER SERVICES L.L.C.



Principal Place of Business

~~184 HARDEN CIR~~ 114 Wood Park Dr.
WEWAHITCHKA, FL 32465

Mailing Address

P.O. BOX 539
WEWAHITCHKA, FL 32465



01112006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0716641

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARLOW, BOBBY J
~~184 HARDEN CIR~~ 114 Woodpark Dr.
WEWAHITCHKA, FL 32465

**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

Bobby J. Barlow - Bobby J. Barlow - owner - MGR

3.2.06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BARLOW, BOBBY J
STREET ADDRESS	184 HARDEN CIR 114 Woodpark Dr.
CITY-ST-ZIP	WEWAHITCHKA, FL 32465
TITLE	MGRM
NAME	BARLOW, SHANNON
STREET ADDRESS	184 HARDEN CIR 114 Woodpark Dr.
CITY-ST-ZIP	WEWAHITCHKA, FL 32465
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Bobby J. Barlow - Bobby J. Barlow

3.2.06 (850) 814-7454

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

Date

Daytime Phone #