

DOCUMENT # L04000006198

1. Entity Name

BARLOW WATER SERVICES L.L.C.



FILED
Apr 18, 2007 08:00 AM
Secretary of State

Principal Place of Business

114 WOOD PARK DR
WEWAHITCHKA FL 32465

Mailing Address

P.O. BOX 539
WEWAHITCHKA FL 32465

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

02-0716641

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

BARLOW, BOBBY J
 114 WOOD PARK DRIVE
 WEWAHITCHKA FL 32465

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
 NAME BARLOW, BOBBY J
 STREET ADDRESS 114 WOOD PARK DRIVE
 CITY- ST- ZIP WEWAHITCHKA FL 32465

TITLE MGRM ☐ Delete
 NAME BARLOW, SHANNON
 STREET ADDRESS 114 WOOD PARK DRIVE
 CITY- ST- ZIP WEWAHITCHKA FL 32465

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE ☐ Delete
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 CITY- ST- ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

4.16.07 (850) 639-9355

Date

Daytime Phone #