

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Apr 28, 2006 8:00 am
Secretary of State**

04-28-2006 90028 014 ****50.00

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|---|--|---|
| DOCUMENT # L04000009564 | |  |
| 1. Entity Name DUDLEY WELL DONE, LLC | | |

| | |
|---|---|
| Principal Place of Business 164 BLUE LUPINE WAY #202 SANTA ROSA BEACH, FL 32459 | Mailing Address 164 BLUE LUPINE WAY #202 SANTA ROSA BEACH, FL 32459 |
|---|---|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

04262006 Chg-LLC CR2E083 (11/05)

4. FEI Number
43-2042570

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 _____

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

Change Addition

Change Addition