

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000059053

1. Entity Name
JUDD LASSITER CONSTRUCTION LLC



FILED

08 SEP -2 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
100 LITTLE TRAIL LANE
CRAWFORDVILLE, FL 32327

Mailing Address
100 LITTLE TRAIL LANE
CRAWFORDVILLE, FL 32327

2. Principal Place of Business - No P.O. Box #
109 POWELL LANE
Suite, Apt. #, etc.

3. Mailing Address
109 POWELL LANE
Suite, Apt. #, etc.

09022008 Chg-LLC CR2E083 (12/06)

City & State
CRAWFORDVILLE FL
Zip 32327 Country WAKULLA

City & State
CRAWFORDVILLE FL
Zip 32327 Country WAKULLA

4. FEI Number
26-7451576
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LASSITER, WALTER J.P.
100 LITTLE TRAIL LANE
CRAWFORDVILLE, FL 32327

JS

7. Name and Address of New Registered Agent

Name
WALTER J.P. LASSITER

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

109 POWELL LANE

City CRAWFORDVILLE FL Zip Code 32327

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 \$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.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LASSITER, WALTER J.P.
100 LITTLE TRAIL LANE
CRAWFORDVILLE, FL 32327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
109 POWELL LANE
CRAWFORDVILLE FL 32327 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300135281923
09/03/08--01012--013 **138.75 ☐ Change ☐ Addition

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

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

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

9-2-08

Date

Daytime Phone #

5193382