

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000069162

1. Entity Name
BORDADO, LLC



Principal Place of Business
**70 BARRACUDA STREET
DESTIN, FL 32541**

Mailing Address
**70 BARRACUDA STREET
DESTIN, FL 32541**



07072006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1642305

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PLEAT, DAVID B.
4477 LEGENDARY DRIVE
SUITE 202
DESTIN, FL 32541**

**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

Doyle W. King 7/7/06

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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KING, DOYLE W
STREET ADDRESS	72 BARRACUDA STREET
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	WILLIAMS, THOMAS A
STREET ADDRESS	1801 INDIAN HILL DRIVE
CITY-ST-ZIP	DEMOPOLIS, AL 36732
TITLE	MGRM
NAME	FOREHAND, WILLIAM D
STREET ADDRESS	1043 BEULAH CAMPGROUND ROAD
CITY-ST-ZIP	REPTON, AL 36475
TITLE	MGRM
NAME	WILDE, DANIEL T
STREET ADDRESS	145 MCDONALD STREET
CITY-ST-ZIP	MONROEVILLE, AL 36460
TITLE	MGRM
NAME	SMITH, CHARLES C JR.
STREET ADDRESS	#1 SEMINOLE STREET
CITY-ST-ZIP	DEMOPOLIS, AL 36732
TITLE	MGRM
NAME	GREENFIELD, BILL L
STREET ADDRESS	750 COPPER CREEK CIRCLE
CITY-ST-ZIP	ALPHARETTA, GA-30004

U000000569519
07/11/06-80030-022 50.00

**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:

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

Doyle W. King Doyle W. King 7/7/06 8504994766

Date

Daytime Phone #