

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # L04000079135

1. Entity Name
RON PUTMAN /JOE HOLLIDAY CONSTRUCTION, L.L.C.



Principal Place of Business
**1233 HUNTINGTON RIDGE ROAD
LYNN HAVEN, FL 32444 US**

Mailing Address
**4403 BAYOU OAKS DR
PANAMA CITY, FL 32404 US**

DO NOT WRITE IN THIS SPACE



01302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1832169

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HESS, BRIAN D
9108 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32407**

**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 _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

000000619130
02/08/07-80057-017 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR RON PUTMAN CONSTRUCTION, INC. 4403 BAYOU OAKS DR PANAMA CITY, FL 32404 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JOE HOLLIDAY CONSTRUCTION, INC. 4403 BAYOU OAKS DR PANAMA CITY, FL 32404 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PUTMAN, ANITA W 4403 BAYOU OAKS DR PANAMA CITY, FL 32404 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**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

2-1-07

Date

Daytime Phone #

8505227166