

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L04000079135**

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



**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

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

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



01082008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

**9. MANAGING MEMBERS/MANAGERS**

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

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

TITLE	MGR
NAME	PUTMAN, ANITA W
STREET ADDRESS	4403 BAYOU OAKS DR
CITY-ST-ZIP	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	

U000000778735  
01/11/08-80010-003 138.75

**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

Date

Daytime Phone #

*Anita W Putman*

1-9-08

(850)  
522 7166