

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90153 015 ****50.00

DOCUMENT # L05000039981

1. Entity Name
B & M CONSTRUCTION OF WAKULLA LLC



Principal Place of Business
**26 MERWYN DR.
CRAWFORDVILLE, FL 32327**

Mailing Address
**26 MERWYN DR.
CRAWFORDVILLE, FL 32327**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
APPLIED FOR 611457452

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANDERS, JAMES T
26 MERWYN DR.
CRAWFORDVILLE, FL 32327**

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, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SANDERS, JAMES T
26 MERWYN DR.
CRAWFORDVILLE, FL 32327** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SANDERS, TIMOTHY
26 MERWYN DR.
CRAWFORDVILLE, FL 32327** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Date

Daytime Phone #

James T Sanders 2/20/07

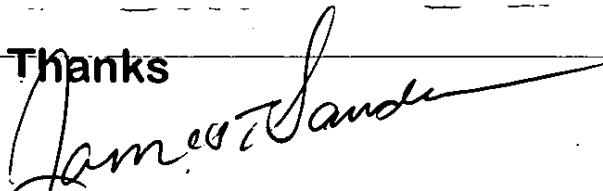
ATTACHMENT

To Whom It May Concern,

60020019
#L05000039981

This is to let the Department know Timothy Sanders is NO longer a MGRM with B&M Construction Of Wakulla LLC. Also we do not know a current address for him or know where he is living or staying. Please DELETE him off of the exemption under B&M Construction Of Wakulla LLC.

Thanks


James T. Sanders
850-519-1586
850-926-2918

STATE OF FLORIDA
COUNTY OF LEON

Before me, personally appeared **James T. Sanders**, whose identity is personally known to me, and who, acknowledges that his/her signature appears above.

Sworn and subscribed to, before me, this **20th** day of February 2007.


Notary Public-State of Florida



Type or Print Name