


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90185 006 *****55.00

DOCUMENT # L05000046397 1. Entity Name BURDICK CONSTRUCTION LLC					
Principal Place of Business 668 US HIGHWAY 331 NORTH DEFUNIAK SPRINGS FL 32433			Mailing Address 668 US HIGHWAY 331 NORTH DEFUNIAK SPRINGS FL 32433		
2. Principal Place of Business - No P.O. Box # N/A		3. Mailing Address N/A			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BURDICK, EDWARD L 668 US HWY 331 NORTH DEFUNIAK SPRINGS FL 32433			7. Name and Address of New Registered Agent 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 <u>Edward L. Burdick</u> 2-9-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BURDICK, EDWARD L 668 US HWY 331 N DEFUNIAK SPRINGS FL 32433	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	office manager Sandra J. Burdick 668 US HWY 331 N. Defuniak Springs, FL 32433
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Edward L. Burdick</u> 2-9-07 cell 850-699-8878 OR 850-699-8880 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					



1st MOORE CR2E083 (10/06)

4. FEI Number **20-2817931** Applied For
Not Applicable

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