

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065415

FILED
Feb 09, 2007
Secretary of State

Entity Name: BAY COUNTY MULTI-SERVICE COMPANY, LLC

Current Principal Place of Business:

3117 HWY 77
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

3117 HWY 77
PANAMA CITY, FL 32405 US

New Mailing Address:

FEI Number: 47-0956424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THARPE, CONNIE E
3117 HWY 77
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THARPE, CONNIE E
Address: 2007 PENTLAND RD.
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MGRM () Delete
Name: THOMAS, LAWRENCE E
Address: PO BOX 390
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MGRM (X) Delete
Name: THOMAS, CANDACE Y
Address: PO BOX 390
City-St-Zip: LYNN HAVEN, FL 32444 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: THOMAS, LAWRENCE E
Address: 2007 PENTLAND
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CONNIE E THARPE

MGRM

02/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date