
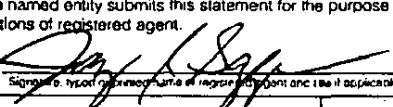
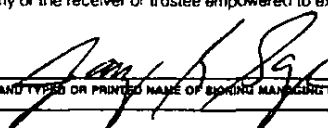


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/1

FILED
Sep 08, 2008 8:00 am
Secretary of State

08-19-2008 90027 035 *****5.00
09-08-2008 90048 034 ***138.75

DOCUMENT # L05000070758 1. Entity Name SAPP BROS. CONTRACTING LLC																																																																																																																																																											
Principal Place of Business 121 FOX BRANCH RD. CARRABELLE FL 32322			Mailing Address 121 FOX BRANCH RD. CARRABELLE FL 32322																																																																																																																																																								
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																								
City & State Zip Country			City & State Zip Country																																																																																																																																																								
4. FEI Number 01-0840304				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																							
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent SAPP, ROBERT E 11296 WARM WIND WAY WEEKI WACHEE FL 34613			7. Name and Address of New Registered Agent Name Jamey R. Sapp Street Address (P.O. Box Number is Not Acceptable) 121 Fox Branch Rd City Carrabelle FL Zip Code 32322																																																																																																																																																								
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  DATE 8-15-08 <small>(NOTE: Registered Agent signature required when constituting)</small>																																																																																																																																																											
FILE NOW!!! FEE IS \$538.75 Make Check Payable to Florida Department of State Due By September 3, 2008			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 <input type="checkbox"/>																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. 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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:  DATE 8-15-08 850-579-8246 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																																																																																											