

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000075106**

1. Entity Name  
**CADDO RESOURCES LLC**



Principal Place of Business

**928 LAKE DRIVE  
NICEVILLE, FL 32578 US**

Mailing Address

**928 LAKE DRIVE  
NICEVILLE, FL 32578 US**



03072007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3231324**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CARDWELL, CAROLE  
928 LAKE DRIVE  
NICEVILLE, FL 32578**

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CARDWELL, CAROLE
STREET ADDRESS	928 LAKE DRIVE
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	MGRM
NAME	HILL, KIMBERLY
STREET ADDRESS	1403 WINGED FOOT DRIVE
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	MGRM
NAME	MOORE, CHRISTINE
STREET ADDRESS	5639 PARK PLACE
CITY-ST-ZIP	CRESTVIEW, FL 32539
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000662959  
03/21/07-80032-023 50.00

**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:**

*Carol Cardwell / Carol Cardwell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*03-07-07*

DATE

*850/897-0781*

DAYTIME PHONE #