


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000088146 1. Entity Name OCALA BACKFLOW AND FIRE SPRINKLERS LLC	
---	---

Principal Place of Business 4964 NW 57TH AVE OCALA, FL 34482 US	Mailing Address 4964 NW 57TH AVE OCALA, FL 34482 US
---	---

DO NOT WRITE IN THIS SPACE

FILED
Sep 15, 2008 08:00 AM
Secretary of State



07072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3420940	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HODGE, MICHAEL D 4964 NW 57TH AVE OCALA, FL 34482

**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


**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR HODGE, MICHAEL D 4964 NW 57TH AVE OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U000000959677
09/15/08-80002-011 538.75

**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: 

9-9-08

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

Date

Daytime Phone #