

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000091090

1. Entity Name
BRIDGEWATER PLANNING GROUP, LLC



Principal Place of Business
527 MAIN ST.
WINDERMERE, FL 34786

Mailing Address
527 MAIN ST.
WINDERMERE, FL 34786



01082007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3529750

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KARR, THOMAS J JR
527 MAIN ST
WINDERMERE, FL 34786

**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 reinstalling)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KARR, THOMAS J JR
527 MAIN ST
WINDERMERE, FL 34786

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
TRAMELL, JOE B
PO BOX 2501
ORLANDO, FL 32802

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WEBB, JOHN L
PO BOX 2501
ORLANDO, FL 32802

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000591532
01/19/07-80027-003 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:

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

Date

Daytime Phone #

1/19/07 407 876 8848