

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000106073

1. Entity Name

KEVAN MEROLD'S BIG DAWG RENOVATIONS, LLC



FILED

07 NOV 20 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

8101 DELTA DRIVE
MILTON FL 32583

Mailing Address

8101 DELTA DRIVE
MILTON FL 32583

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (4/07)

4. FEI Number 34-2057574

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEROLD, KEVAN A
8101 DELTA DRIVE
MILTON FL 32583

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00

Make Check Payable to Florida Department of State

Due By September 5, 2007

400111560294

11/20/07--01010--002 **100.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME MEROLD, KEVAN A
STREET ADDRESS 8101 DELTA DRIVE
CITY-ST-ZIP MILTON FL 32583

TITLE MGRM ☐ Delete
NAME CAMPUS, FRANCES M
STREET ADDRESS 256 BOB WHITE DRIVE
CITY-ST-ZIP PENSACOLA FL 32514

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS 400111560294
CITY-ST-ZIP 11/01/07--01004--005 **50.00

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/27/07 1850-419-1662

Date

Daytime Phone #

REINSTATEMENT
2007