

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000064499

1. Entity Name
STILLWATER CONSTRUCTION NF LLC



Principal Place of Business
28 KELLEY COURT
CRAWFORDVILLE, FL 32327

Mailing Address
28 KELLEY COURT
CRAWFORDVILLE, FL 32327

BK

FILED
07 SEP 13 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #
81 Council Moore Rd
Crawfordville FL
City & State
32327 Wakulla
Zip Country

3. Mailing Address
2606 Centennial Place
Tallahassee FL
City & State
32308 Leon
Zip Country

09132007 Chg-LLC CR2E083 (12/06)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, DERRICK C
28 KELLEY COURT
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent

Name
Miller Derrick C
Street Address (P.O. Box Number is Not Acceptable)
81 Council Moore Rd
Crawfordville
City FL 32327
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

Filing Fee is \$50.00
Due by September 14, 2007

BK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME MGRM
STREET ADDRESS MILLER, DERRICK C
CITY-ST-ZIP 28 KELLEY COURT
CRAWFORDVILLE, FL 32327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
STREET ADDRESS Miller Derrick C
CITY-ST-ZIP 81 Council Moore Rd
Crawfordville FL 32327 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 400109768984
CITY-ST-ZIP 09/21/07--01047--024 **\$50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

09/13/07

Date

528-2239

Daytime Phone #