


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2007 8:00 am
Secretary of State

5/4

05-04-2007 90308 018 ****55.00

DOCUMENT # L06000074937			
1. Entity Name DAVID CAMPBELL CONSTRUCTION, L.L.C.			
Principal Place of Business 3982 CHICAGO AVENUE LAUREL HILL, FL 32567		Mailing Address 3982 CHICAGO AVENUE LAUREL HILL, FL 32567	
2. Principal Place of Business - No P.O. Box # 3982 Chicago Avenue		3. Mailing Address 3982 Chicago Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Laurel Hill, FL		City & State Laurel Hill, FL	
Zip 32567	Country OKaloosa	Zip 32567	Country OKaloosa
6. Name and Address of Current Registered Agent CAMPBELL, DAVID 3982 CHICAGO AVENUE LAUREL HILL, FL 32567		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: <u>David A Campbell</u> DATE: <u>5-06-07</u> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Owner / President</u> <u>David Campbell</u> <u>3982 Chicago Ave.</u> <u>Laurel Hill, FL 32567</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>David A Campbell</u>		Date: <u>5-01-07</u> (850) 652-4294	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

