

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90201 045 ****50.00

DOCUMENT # L06000092179

1. Entity Name
RIGBY WELL DRILLING, LLC



Principal Place of Business
3673 SW 89TH AVE.
OCALA, FL 34481-5457

Mailing Address
3673 SW 89TH AVE.
OCALA, FL 34481-5457

60029600



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

03022007 Chg-LLC CR2E083 (12/06)

4. FEI Number

51-0605113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIGBY, ARMAND D
3673 SW 98TH AVE
OCALA, FL 34481-5457

7. Name and Address of New Registered Agent

Name

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

3673 SW 89th Avenue

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

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 MGR ☐ Delete
NAME RIGBY, ARMAND D
STREET ADDRESS 3673 SW 98TH AVE
CITY-ST-ZIP Ocala, FL 344815457

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3673 SW 89th Avenue
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

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

3-23-07

Date

352-237-1055

Daytime Phone #