





2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90258 045 ***138.75

DOCUMENT # L07000007263 1. Entity Name DAVID CHAMBLESS CONSTRUCTION LLC					
Principal Place of Business 2655 HUGGINS ROAD LAKE WALES, FL 33898			Mailing Address 2655 HUGGINS ROAD LAKE WALES, FL 33898		
2. Principal Place of Business - No P.O. Box # 2733 Huggins Road		3. Mailing Address 2733 Huggins Road			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		05272008 Chg-LLC CR2E083 (12/06)	
City & State Lake Wales, FL		City & State Lake Wales, FL		4. FEI Number 26-2682305	
Zip 33898		Country Polk		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAMBLESS, DAVID 2655 HUGGINS ROAD LAKE WALES, FL 33898			7. Name and Address of New Registered Agent Name David Chambless Street Address (P.O. Box Number is Not Acceptable) 2733 Huggins Road City Lake Wales FL Zip Code 33898		
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  David E. Chambless 5/29/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAMBLESS, DAVID 2655 HUGGINS ROAD LAKE WALES, FL 33898	<input type="checkbox"/> Delete			
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"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  David Chambless 5/29/2008 863-528-2369 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					