

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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FILED
Apr 30, 2008 8:00 am
Secretary of State

03-28-2008 90172 046 ***138.75

DOCUMENT # L07000066513 1. Entity Name HIGDON BUILDERS LLC					
Principal Place of Business 740 L COUNTY ROAD 13A SOUTH ELKTON, FL 32033			Mailing Address 740 L COUNTY ROAD 13A SOUTH ELKTON, FL 32033		
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	4. FEI Number 26-0414710	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HIGDON, JENNIFER 740 L COUNTY ROAD 13A SOUTH ELKTON, FL 32033				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State!		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HIGDON, DAVID W 740 L COUNTY ROAD 13A SOUTH ELKTON, FL 32033	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HIGDON, JENNIFER 740 L COUNTY ROAD 13A SOUTH ELKTON, FL 32033	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ 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: <i>Jennifer Higdon</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			3-25-08 9048243111 Date Daytime Phone		