


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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| DOCUMENT # L07000071264 1. Entity Name DUDLEY CONSTRUCTION LLC |  |
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FILED
08 AUG 19 PM 2:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| Principal Place of Business 3853 MAGELLAN COURT TALLAHASSEE, FL 32303 | Mailing Address 3853 MAGELLAN COURT TALLAHASSEE, FL 32303 |
|---|---|



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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

08192008 Chg-LLC CR2E083 (12/06)

| | |
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| 6. Name and Address of Current Registered Agent DUDLEY, MICHAEL J 3853 MAGELLAN COURT TALLAHASSEE, FL 32303 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
|--|---|

4. FEI Number ☒ Applied For
☒ Not Applicable

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

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 _____

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| 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 DUDLEY, MICHAEL J 3853 MAGELLAN COURT TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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200134666182
08/20/08--01023--009 **138.75

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: Michael J. Dudley 8-18-8
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #