


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000072414		
1. Entity Name BOBBY DEE PARRISH CONTRACTING LLC		

3008 SEP 17 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1985 DIMMERS ROAD ORMOND BEACH, FL 32174 US	Mailing Address 1985 DIMMERS ROAD ORMOND BEACH, FL 32174 US
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2. Principal Place of Business, No P.O. Box # 1985 Dimmers Rd	3. Mailing Address 1985 Dimmers Rd Ormond Beach FL 32174
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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08272008 Chg-LLC CR2E083 (12/06)

City & State Ormond Beach	City & State Ormond Beach
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4. FEI Number 26-0846690	Applied For <input type="checkbox"/> Not Applicable
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Zip 32174	Country	Zip 32174	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PARRISH, BOBBY D 1985 DIMMERS ROAD ORMOND BEACH, FL 32174	
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7. Name and Address of New Registered Agent Name Somex Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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>Bobby D Parrish</u> Bobby D Parrish Owner 9/15/08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE	
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FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARRISH, BOBBY D 1985 DIMMERS ROAD ORMOND BEACH, FL 32174 <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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000136150480 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/19/08--01042--029 **\$538.75
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
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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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

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>Bobby D Parrish</u> Bobby D Parrish 9/15/08 386-672-5409 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>	
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