

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000094450

**FILED**  
**Mar 26, 2011**  
**Secretary of State**

**Entity Name:** BLEDSOE'S WORKAMPERS LLC

**Current Principal Place of Business:**

428 CHILDERS ST  
PMB 6533  
PENSACOLA, FL 32534 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2428  
PMB 6533  
PENSACOLA, FL 32513 US

**New Mailing Address:**

**FEI Number:** 32-0263163      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLEDSOE, FLOYD L  
428 CHILDERS ST  
PMB 6533  
PENSACOLA, FL 32513 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** PRES  
**Name:** BLEDSOE, FLOYD L  
**Address:** 428 CHILDERS ST, PMB 6533  
**City-St-Zip:** PENSACOLA, FL 32534 US

**Title:** VP  
**Name:** BLEDSOE, CATHERINE  
**Address:** 428 CHILDERS ST, PMB 6533  
**City-St-Zip:** PENSACOLA, FL 32534 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** FLOYD BLEDSOE

PRES

03/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date