

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000001598

1. Entity Name

HIGHSMITH CONSTRUCTION, L.C.



Principal Place of Business

5174 AIRPARK BOULEVARD
CHIPLEY, FL 32428 US

Mailing Address

PO BOX 9531
PANAMA CITY BEACH, FL 32417



01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3565021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIGHSMITH, MICHAEL D
5174 AIRPARK BOULEVARD
CHIPLEY, FL 32428

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|------------------------|
| TITLE | MGRM |
| NAME | HIGHSMITH, MICHAEL |
| STREET ADDRESS | 5174 AIRPARK BOULEVARD |
| CITY-ST-ZIP | CHIPLEY, FL 32428 |
| TITLE | MGRM |
| NAME | HIGHSMITH, CYNTHIA L |
| STREET ADDRESS | 5174 AIRPARK BLVD |
| CITY-ST-ZIP | CHIPLEY, FL 32428 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

UD00000689147
04/11/07-80023-020 50.00

**DO NOT WRITE
IN THIS SPACE**

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 D Highsmith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-1-07

Date

850 773-5147

Daytime Phone #