

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000005091

1. Entity Name
BLUEWATER CRM, LLC



Principal Place of Business
**4001 NORTH COLEMAN ROAD
VALDOSTA, GA 31602**

Mailing Address
**4001 NORTH COLEMAN ROAD
VALDOSTA, GA 31602**



03012006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1806107

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BEDENBAUGH, JOANN
4588 EAST HWY 20 STE E
NICEVILLE, FL 32578**

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HATHCOCK, JUDITH S 4001 NORTH COLEMAN ROAD VALDOSTA, GA 31602
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04/05/06-80023-010 \$0.00

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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: *Judith S. Hathcock*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/15/06
Date

**229-242
0237**
Daytime Phone #