2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 1.01000004444

FILED Apr 02, 2002 8:00 am Secretary of State

NAME Denn's Rotherme STREET ADDRESS CITY-ST-ZIP Crescent City FL 32112 CITY-ST-ZIP Detele TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition STREET ADDRESS CITY-ST-ZIP A - CITY-ST-ZIP	1. Entity Name ROTHER	MEL FILL DIRT AND LAND	CLEARING, LLC			02-27-200	02 90088	024 ***	*50.00
CRESCENT CITY FL 22112 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country S. Centificate of Status Desired Recquired 8. Name and Address of Current Registered Agent Name PADGETT, JAMES L 3 NORTH SUMMIT STREET CRESCENT CITY FL 32112 City City City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Anne 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES ON-SIZE ADDRESS	Principal Place	of Business	Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country S. Certificate of Status Desired \$5.00 Additional Fee Required Fee Required Fee Required Factority Fl. 32.012 City FL Zip Code The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature Registered agent or both, in the State of Florida. Signature Registered agent or both, in the State of Florida. Signature Registered agent or both, in the State of Florida. Signature Registered agent or both, in the State of Florida. Signature Registered agent or both, in the State of Florida. Signature Registered agent or both, in the State of Florida. Signature Registered agent or both, in the State of Florida. Signature Registered agent or both, in the State of Florida. Signature Registered agent or both, in the State of Florida. Signature Registered Agent agents agent									
City & State Country Country Country Country S. Certificate of Status Desired \$5.00 Additional Fee Required S. Name and Address of Current Registered Agent Name PADGETT, JAMES L 3 NORTH SUMMIT STREET CRESCENT CITY FL 32112 City City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Annual Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Annual Street Address (P.O. Box Number is Not Acceptable) FL Zip Code FL Zip Code Annual Street Address (P.O. Box Number is Not Acceptable) FL Zip Code Annual Street Address (P.O. Box Number is Not Acceptable) FL Zip Code FL Title Number Spreams, hybrid or privated name of registered agent and time if Applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES TITLE Number JONES Crescent City FL Change Addition TITLE Number JONES Crescent City FL Change Addition Addition Addition TITLE Number JONES Crescent City FL Change Addition Addition Addition Addition	2. Principal Pla	ice of Business	3. Mailing Address						
Zip Country	Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
S. Mame and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PADGETT, JAMES L 3 NORTH SUMMIT STREET CRESCENT CITY PL 32112 City FL City FL Zip Code 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. SIGNATURE Signature, hybrid or phristed name of registered spart and little if applicable. (NOTE: Registered Agent agent and registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE NAME NAME 195.2 B. Hug 17 Crescent City FL 32/12 Delate TITLE NAME SIRET ADDRESS CITY-ST-2IP Change Addition NAME NAME SIRET ADDRESS CITY-ST-2IP Change Addition NAME SIRET ADDRESS CITY-ST-2IP Change Addition	City & State		City & State	City & State		FEI Number 59 - 3710929		<u> </u>	
PADGETT, JAMES L 3 NORTH SUMMIT STREET CRESCENT CITY FL 32112 City FL Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (MOTE: Registered Agent algenture required when rematisting) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE Define Tree Scient City FL 32112 TITLE NAME STREET ADDRESS CITY-ST-ZIP Details TITLE NAME STREET ADDRESS CITY-ST-ZIP Crescent City FL 32112 CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Zip	Country	Zip	Countr	v				
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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. SIGNATURE Signature Signat					City			Zin Cod	le .
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS TITLE MEMBER/OUT TO Delete TITLE NAME TO Delete TITLE NAME T	SIGNATURE						orida.	<u> </u>	
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	TITLE		☐ Delete				<u>- 1</u>	Change	☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

STREET ADDRESS

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