## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000004444

1. Entity Name

## ROTHERMEL FILL DIRT AND LAND CLEARING, LLC

SECOND TREE

FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90122 036 \*\*\*\*50.00

		<del></del>											
Principal Place of Business			Mailing Addr	Mailing Address									
				RT. 1 BOX 691 CRESCENT CITY FL 32112				i 13 <b>4</b> i	1 <b>2</b> 17 <b>6</b> 11 <b>6616</b> 1 11 <b>0</b> 7	) <b>0.8</b> 101 <b>0.8</b> 112 <b>0.</b>	<b>a</b> rij <b>a s</b> ari <b>a</b> s	110 <b>110</b> 11 <b>1</b> 1001	BIZILI APAL PRAL
2. Principal P	lace of Busines	3. Mailing Add	3. Mailing Address										
Suite, Apt. #, etc. Su				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State	City & State				30 01 10020					applied For lot Applicable
Zip	Country Zip Cou			Count	ry		5. Certifica	ite of Status D	Desired		\$5.00 A		
	6. Name ar	nd Address of Curren	t Registered Ager	nt				7. Name a	nd Address	of New Reg	istered /	Agent	
DAD	OFTE IAME				1	Name							
3 NO	PADGETT, JAMES L 3 NORTH SUMMIT STREET CRESCENT CITY FL 32112					Street Address (P.O. Box Number is Not Acceptable)							
ONE	SCENI CITI	FL 32112			. [				_			T A	
						City					FL	Zip Co	de
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													
				EII E NOV	MIII E	EE 10 6						. "	
FILE NOW!!! FEE IS \$50.00												ı	
Make Check Payable to Florida Department of State  Due By May 1, 2003													
				Due	Dy Ivia	y 1, 2000	<b></b>						
9. `	<del></del>	MANAGING MEMB	ERS/MANAGERS		10.				ADI	DITIONS/C	HANGES		
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11. I hereby certify that the information supplied with this filling 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.

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

4-15-03

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