

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L01000012507

1. Entity Name  
A & M LANDCLEARING & FILL, L.L.C.



**FILED  
Apr 20, 2006 8:00 am  
Secretary of State**

04-20-2006 90024 014 \*\*\*\*50.00

**20033113**



04052006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1133577	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
-----------------------------	---

5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
----------------------------------	---

**6. Name and Address of Current Registered Agent**

PUSZKAR, MARIANN  
6242 TROPICAIRE BLVD.  
NORTH PORT, FL 34287

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

(Signature, typed or printed name of registered agent and wife if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE _____	P _____ <input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____	PUSZKAR, ANDREW	NAME _____	
STREET ADDRESS _____	6242 TROPICAIRE BLVD	STREET ADDRESS _____	
CITY-ST-ZIP _____	NORTH PORT, FL 34287	CITY-ST-ZIP _____	
TITLE _____	S _____ <input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____	PUSZKAR, MARIANN	NAME _____	
STREET ADDRESS _____	6242 TROPICAIRE BLVD	STREET ADDRESS _____	
CITY-ST-ZIP _____	NORTH PORT, FL 34287	CITY-ST-ZIP _____	
TITLE _____	_____ <input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____	_____	NAME _____	
STREET ADDRESS _____	_____	STREET ADDRESS _____	
CITY-ST-ZIP _____	_____	CITY-ST-ZIP _____	
TITLE _____	_____ <input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____	_____	NAME _____	
STREET ADDRESS _____	_____	STREET ADDRESS _____	
CITY-ST-ZIP _____	_____	CITY-ST-ZIP _____	
TITLE _____	_____ <input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____	_____	NAME _____	
STREET ADDRESS _____	_____	STREET ADDRESS _____	
CITY-ST-ZIP _____	_____	CITY-ST-ZIP _____	

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:** \_\_\_\_\_

(Signature and typed or printed name of signing managing member, manager, or authorized representative)

*4/18/06 941-423-2838*

Date

Daytime Phone #