

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012507

FILED
Jan 13, 2009
Secretary of State

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

Current Principal Place of Business:

7431 SAWYER CIRCLE
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 380924
MURDOCK, FL 33938

New Mailing Address:

6242 TROPICAIRE BLVD
NORTH PORT, FL 34287

FEI Number: 65-1133577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: PUSZKAR, ANDREW
Address: 6242 TROPICAIRE BLVD
City-St-Zip: NORTH PORT, FL 34287

Title: S () Delete
Name: PUSZKAR, MARIANN
Address: 6242 TROPICAIRE BLVD
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARIANN PUSZKAR

S

01/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date