

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90038 031 \*\*\*\*55.00

**DOCUMENT # L03000017651**

1. Entity Name  
**ALL LOT BUSHHOGGING, LLC**



Principal Place of Business  
**30102 LOBLOLLY PINE DRIVE  
PUNTA GORDA, FL 33982**

Mailing Address  
**30102 LOBLOLLY PINE DRIVE  
PUNTA GORDA, FL 33982**



01282005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0683580**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

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

**TANCER, LEANNA OLIVE  
30102 LOBLOLLY PINE DR.  
PUNTA GORDA, FL 33982**

**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

*Leanna Tancer*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*Leanna Tancer*

*04-29-05*  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	TANCER, JOSEPH LEON
STREET ADDRESS	30102 LOBLOLLY PINE DR.
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	MGR
NAME	TANCER, LEANNA OLIVE
STREET ADDRESS	30102 LOBLOLLY PINE DR.
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

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

Date

Daytime Phone #