

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-20-2006 90022 009 \*\*\*\*50.00

**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

20033018



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

20-0683580

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
Saxer, Leanna

Street Address (P.O. Box Number is Not Acceptable)  
30102 LOBLOLLY PINE DRIVE

B

City  
PUNTA GORDA

FL

Zip Code  
33982

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 Saxer*

Leanna Saxer (mgr)

04/16/06

Signature, typed or printed name of registered agent and title 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
TANCER, JOSEPH LEON  
30102 LOBLOLLY PINE DR.  
PUNTA GORDA, FL 33982 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SAXER, LEANNA  
30102 LOBLOLLY PINE DRIVE  
PUNTA GORDA, FL 33982 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
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☐ Change ☐ Addition

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:

*Joseph Tancer*

JOSEPH LEON TANCER

4/17/06

941-628-2996

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

Date

Daytime Phone #