

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Jun 06, 2005 8:00 am
Secretary of State

04-20-2005 90029 009 ****50.00

DOCUMENT # L03000048075

1. Entity Name

C & D LAND CLEARING, LLC



Principal Place of Business

1699 PRIDEAUX ROAD
OSTEEN FL 32764
US

Mailing Address

161 E. ROSE AVE.
ORANGE CITY FL 32763
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1699 PRIDEAUX RD.

Suite, Apt. #, etc.

OSTEEN, FLA.

City & State

Zip

32764

Country

U.S.

4. FEI Number

1st MOORE

CR2E083 (10/04)

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VEINO, DANIEL C
1699 PRIDEAUX ROAD
OSTEEN FL 32764

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME VEINO, DANIEL C
STREET ADDRESS 1699 PRIDEAUX ROAD
CITY-ST-ZIP OSTEEN FL 32764

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

☐ Change

☐ Addition

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:

Daniel C. Veino

4-14-05

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

Date

Daytime Phone #