

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 03, 2006 8:00 am
Secretary of State

08-03-2006 90073 024 ****50.00

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1. Entity Name

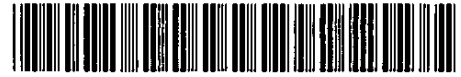
C & D LAND CLEARING, LLC



Principal Place of Business
1699 PRIDEAUX ROAD
OSTEEN FL 32764
US

Mailing Address
1679 PRIDEAUX RD
OSTEEN FL 32764
US

1699 Prideaux RD.



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Osteen, FL.

City & State

City & State

2nd MOORE

CR2E083 (4/06)

Zip

Country

Zip

Country

32764

U.S.A.

4. FEI Number 20-2918453

Applied For
Not Applicable

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

VEINO, DANIEL C
1699 PRIDEAUX ROAD
OSTEEN FL 32764

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 September 6, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Daniel C. Veino*

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

7-31-06 407-323-7460

Date

Daytime Phone #