2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000048075

1. Entity Namo



FILED Apr 23, 2007 08:00 Al

C & D LAND CLEARING, LLC					Secretary of State			
Principal Plac 1699 PRIDE OSTEEN FL US	EAUX ROAD	Mailing Address 1699 PRIDEAUX ROAD OSTEEN FL 32764 US						
2. Principal P	Place of Business - No P.O Box #	3. Mailing Addross				m 146 mm111 mm111 mu111 m1111) (3))) BB(() (BBB) B	
Suite, Apt. #, etc.		Suito, Apt #, otc.		1st MOORE	CR2E083	(10/06)		
City & State		City & Stato		4. FEI Number 20-291	8453		oplied For	
Zip Country '		Zip	Country		5. Certificate of Status Desi	red 🗌	\$5.00 Add Fee Require	ditional
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of N	lew Registered	Agent	
VEINO, DANIEL C 1699 PRIDEAUX ROAD OSTEEN FL 32764				Name Stroot Address (P.O. Box Number is Not Acceptable)				
			City				Zip Code	Δ
	named entity submits this statement i lions of registered agent.			<i>.</i>	ed agent, or both, in the State	FL of Florida. I am	<u> </u>	
	Signature, typed or printed traine of registered ager	nt and title it applicable (NOF	E: Registered Age	ent signature required	when reinstaling)	DATE		
		Make Check Payab		-	it of State			
9.	MANAGING MEME	BERS/MANAGERS	10.		ADDIT	ONS/CHANGES	5	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VEINO, DANIEL C 1699 PRIDEAUX ROAD OSTEEN FL 32764	☐ Detete	TITLE NAMI STREET AC COTY-ST-	,			☐ Change	Addition
TITLE NAME. STREET ADDRESS CITY - ST- ZIP		☐ Delele	TITLL NAME STRIELLAR CITY-ST-				☐ Change	☐ Addition
THILE NAME STREET ADDRESS UITY: ST-71P		□ Deleie	THE NAME. SIRECTAL CITY-SI-				☐ Change	Addillon
THE NAME STREET ADDRESS CITY: ST-ZIP		☐ Delete	THEF NAME STREET AT CITY-ST-		05/02/0 05/02/0) 00724161)7-80100-	Change 022 50.	Addition
HILI; NAMI STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITH NAME STREET AL CHY-ST-				Change	Addition
NAME STREET ADDRESS CUTY-ST-ZIP		☐ Detele	DIEL NAME SHEET A CHY-SE-	l			Change	Addition

11. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

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

407-323-7460 Dayirta Prioria #