

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L03000053397

1. Entity Name  
MELVYN HART LANDCLEARING, LLC



Principal Place of Business

570 OAK AVENUE NW  
LABELLE, FL 33935

Mailing Address

570 OAK AVENUE NW  
LABELLE, FL 33935

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**



03222005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0507942

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HART, MELVYN D  
570 OAK AVENUE NW  
LABELLE, FL 33935

**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

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HART, MELVYN D
STREET ADDRESS	570 OAK AVENUE NW
CITY- ST- ZIP	LABELLE, FL 33935

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03/24/05-80003-002 50.00

**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 *Melvyn D. Hart* MELVYN D. HART  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/22/05

Date

863-675-1255

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