

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

2/28

FILED
Apr 02, 2008 8:00 am
Secretary of State

02-28-2008 90102 044 ****50.00
04-02-2008 90152 005 ****88.75

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**

00010010



02052008No Chg-LLC

CR2E083 (12/07)

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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 508, Florida Statutes.

SIGNATURE: *Melvin Hart*

Melvin Hart ✓ 2/13/08 863-763-0809

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

Date

Daytime Phone #