2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000055859

1. Entity Name
NEWSOME LAND CLEARING, LLC

Principal Place of Business	Mailing Address
1048 STRIMENOS LANE LEESBURG, FL 34748 US	1048 STRIMENOS LANE LEESBURG, FL 34748 US

DO NOT WRITE IN THIS SPACE

01152008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
16-1696285
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STRIMENOS, PETER T
1048 STRIMENOS LANE
LEESBURG, FL 34748

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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 $138.75
After May 1, 2008 Fee will be $538.75

U00000810771
02/08/08-80078-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STRIMENOS, PETER T
STREET ADDRESS	1048 STRIMENOS LANE
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	MGR
NAME	NEWSOME, JOHN
STREET ADDRESS	33319 CR 468
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	M
NAME	NEWSOME, SCOTT
STREET ADDRESS	33319 CR 468
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	M
NAME	NEWSOME, MARK
STREET ADDRESS	33319 CR 468
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 608, Florida Statutes.

SIGNATURE: _____ 1-20-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #