. • 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:
SIGNATURE AND TYPE OF CHILED NAME OF SIGNATURE MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Apr 10, 2006 08:00 AM Secretary of State

ANNUAL REPORT					Secretary of State			
DOCUMENT # L04000013096						Secrei	ary oi Su	ate
	PIGOTT TRUCKING & LAND	CLEARING LLC	}					
Principal Place of Business		Malling Address				; ; ;		-
136 PIGOTT WOODS DR. CRAWFORDVILLE, FL 32327		136 PIGOTT WOODS DR. CRAWFORDVILLE, FL 32327		c chikumii ku	: : : : : : : : : : : : : : : : : : : :	88151 11568 11111 BENE 56N8 2	51 88 55 335 536 8 6	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. If, etc.		Suite, Apt. If, etc.		04062006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI Numb 20-074			oplied For ot Applicable	
Zip	Country	Zip .	Country	,	5. Certificate	of Status Desired	S5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent		Name	7. Nāme and	Address of New Re	gistered Agent	
	RALPH E JR TT WOODS DR.		Ĺ		O. Box Numb	er is Not Acceptable)		
	RDVILLE, FL 32327		-					
			<u></u>	City			FL Zip Cod	e
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 the obligations of registered agent.							and accept	
SIGNATURE Signature, typed or printed herms of registered again and title if applicable. (NOTE, Registered Agant signature required when reinstating) OATE								
Signatura, ууреа от рошеа пята от торынге и вдет вто тор и ворисация. — умоги, неузые-е и ждет відпачит пошта втого							UNIE	
Filing Fee is \$50.00 Due by May 1, 2006					Make check payable to Florida Department of State			
4	MANAGING MEMBE		10.			ADDITIONS/C		
TITLE NAME	MGRM PIGOTT, RALPH F JR	_ Dolete	TITLE NAME			uaaa	Change	acilibbh 🔲
STREET ADDRESS CITY-ST-ZIP	136 PIGOTT WOODS DR. CRAWFORDVILLE, FL 32327		STREET /	ADDRESS - ZIP		04/25/0	00501490 6-80065-002	55.00
TITLE NAME		☐ Cefete	BILE			:	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP		,	STREET A	ſ		:		:
TITLE		☐ Delete	THLE				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET A)				
CITY-ST-7IP		☐ Dolete	THE	-ZiP			☐ Change	Accition
name Street address			NAME STREET A	instance				
CITY-ST-ZIE			CITY-ST-	- 1		}		
TITLE NAME		☐ Deleto	TITLE NAME			•	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET A	j.		:		
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAME STREET A	}		1		ĺ
11. Thereby o	ertify that the information supplied with	this filing does not quality for th	City-st- ne exempt	tions contained in	Chapter (19,	Florida Statutes. I furt	ner certify that the infor	mation
indicated fimited liab	on this report is true and accurate and i pility company or the receive or trustee	that my signature shall have the empowered to execute this rep	e same le: port as red	gai effect as if ma quired by Chapte	ide under oath. r 608, Florida S	that t'em a managin statutes.	g member or manager	r of the