

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 20, 2006 8:00 am
Secretary of State

06-20-2006 90298 048 ****50.00

DOCUMENT # L04000014466

1. Entity Name

SCOTT MASON HAULING LLC



Principal Place of Business

3914 PALAZZO STREET
SEBRING FL 33872

Mailing Address

3914 PALAZZO STREET
SEBRING FL 33872

2. Principal Place of Business

2524 N. MOHAWK DR. E.

3. Mailing Address

2524 N. MOHAWK DR. E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/05)

City & State

Avon Park, FLA

City & State

Avon Park, FLA

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

33825

Country

USA

Zip

33825

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASON, SCOTT
3914 PALAZZO ST.
SEBRING FL 33872

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MASON, SCOTT
STREET ADDRESS 3914 PALAZZO ST.
CITY-ST-ZIP SEBRING FL 33872

☐ Delete

TITLE MGR
NAME MASON, SCOTT
STREET ADDRESS 2524 N. MOHAWK DR. E.
CITY-ST-ZIP AVON PARK, FLA. 33825

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE MGR
NAME Scott Mason
STREET ADDRESS 2524 N. MOHAWK DR E
CITY-ST-ZIP AVON PARK, FLA. 33825

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby 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 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:

R. Scott Mason

6-16-06

(888) 452-6137

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

Date

Daytime Phone #