

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000027921

1. Entity Name

A CLEAR TITLE COMPANY OF THE GLADES, LLC



Principal Place of Business

110 NORTH MAIN STREET
LABELLE, FL 33935

Mailing Address

POST OFFICE BOX 1711
LABELLE, FL 33975



02022006 No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1626487

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAMUNNI, STEVEN A
110 NORTH MAIN STREET
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, 2006**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	RAMUNNI, STEVEN A
STREET ADDRESS	110 NORTH MAIN STREET
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/17/06-80049-021 50.00

**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:

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

DATE

Daytime Phone #