ANNUAL REPORT (AR)

DOCUMENT # L04000050032 **FILED** 1. Entity Name Feb 09, 2007 08:00 AM FARKAS LAND CLEARING & DEVELOPMENT, LLC Secretary of State Principal Place of Business Mailing Address 5704 WEST FARKAS ROAD 5704 WEST FARKAS ROAD PLANT CITY FL 33567 PLANT CITY FL 33567 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, ctc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) Applied For City & State City & State 4. FEI Number 20-1506670 Not Applicable Zip Zip Country Country \$5.00 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FARKAS, GEORGE L JR Street Address (P.O. Box Number is Not Acceptable) 5704 WEST FARKAS ROAD PLANT CITY FL 33567 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, typed or printed name of registered agent and title it 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, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES IIII ☐ Defete IIILE ☐ Change Addition Addition MGR NAME NAME FARKAS, GEORGE L MGR U00000629287 STREET ADDRESS STREET ADDRESS 5704 WEST FARKAS ROAD 02/16/07-80050-021 50.00 CITY ST ZIP PLANT CITY FL 33567 CITY-ST-ZIP Delete ☐ Change ☐ Addition HILE NAME STREET ADDRESS STREET ADDRESS CITY-SI ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY SI ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addillon NAME SIPETT ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST- ZIP ☐ Delete ☐ Change Addition | TITLE TITLE NAME MAME STREET LADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition mu ☐ Delete HILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-SI-ZIP 11. I horoby 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.