

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90091 009 ****50.00



DOCUMENT # L04000054504

1. Entity Name

SELECTIVE CLEARING, LLC

Principal Place of Business

4476 SPRING BANK ROAD
GREEN COVE SPRINGS FL 32043

Mailing Address

4476 SPRING BANK ROAD ROAD
GREEN COVE SPRINGS FL 32043



2. Principal Place of Business

4478 Spring Bank Rd.

3. Mailing Address

Same

1st MOORE

CR2E083 (10/04)

City & State

Green Cove Springs FLA

City & State

Same

4. FEI Number

20-1426367

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOODY, PHILLIP J
4476 SPRING BANK ROAD
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

Name Philip Moody J
Street Address (P.O. Box Number is Not Acceptable)
4478 Spring Bank Rd

City Green Cove Springs **FL** Zip Code 32043

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

Philip J. Moody

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/05

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MOODY, PHILLIP J**
STREET ADDRESS **4476 SPRING BANK ROAD**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Philip J. Moody

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

4/24/05

Date

Daytime Phone #