

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000054504

1. Entity Name
SELECTIVE CLEARING, LLC



Principal Place of Business

**4478 SPRING BANK RD
GREEN COVE SPRINGS, FL 32043**

Mailing Address

**4476 SPRING BANK ROAD
GREEN COVE SPRINGS, FL 32043**



03062006No Chg-LLC

CR2E093 (11/05)

4. FEI Number
20-1426367

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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

Philip J. Moody *Philip Moody*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/06

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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U00000524284
05/03/06-80105-016 50.00

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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:

Philip J. Moody

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

4/16/06

Date

904-284-4759

Daytime Phone #