

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

*Annual Report 2012*

DOCUMENT # L04000064291

1. Limited Liability Company's Name

KEYSTONE LAND CLEARING LLC

2. Principal Office Address - No P.O. Box #

6226 cr 315c

Suite, Apt. #, etc.

City & State

keystone heights

Zip

32656

Country

US

3. Mailing Office Address

6226 cr. 315c

Suite, Apt. #, etc.

City & State

FLORDIA

Zip

32656

Country

US

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

08/2004

6. FEI Number

20-1578353

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

NEWELL, PAUL D.

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

260AAWRENCE BLVD.

Suite, Apt. #, Etc.

SUITE 201

City

KEYSTONE HEIGHTS

State

FL

Zip Code

32656

E-mail Address:

KEYSTONELANDCLEARING@HOTMAIL.COM  
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CAMP, EDWARD A. II	8380 VENTURE	SELMA, TX. 78154
MGRM	DAVIDSON, JAMES D.	6226 CR. 315C	KEYSTONE HEIGHTS, FL 32656

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

*James Davidson*

Date 4/18/2012

Daytime Phone # 352-473-5677

Typed or printed name of signing Managing Member/Manager