

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90428 048 \*\*\*\*50.00

DOCUMENT # L05000006431

1. Entity Name

AFFORDABLE LAND CLEARING LLC



Principal Place of Business

284 CENTERLINE ROAD  
CRAWFORDVILLE FL 32327

Mailing Address

284 CENTERLINE ROAD  
CRAWFORDVILLE FL 32327

2. Principal Place of Business

3. Mailing Address

102 Eagles Ridge Dr.  
Suite, Apt. #, etc.

102 Eagles Ridge Dr.  
Suite, Apt. #, etc.

City & State

City & State

Crawfordville FL  
32327

Crawfordville FL  
32327

4. FEI Number

571217157

Applied For

Not Applicable

5. Certificate of Status Desired. ☐

\$5.00 Additional  
Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILD, DAVID V  
284 CENTERLINE ROAD  
CRAWFORDVILLE FL 32327

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if 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, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR  
NAME WILD, DAVID V  
STREET ADDRESS 284 CENTERLINE ROAD  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE MGR  
NAME WILD, David V  
STREET ADDRESS 102 Eagles Ridge Dr.  
CITY-ST-ZIP Crawfordville FL 32327

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby 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.

SIGNATURE

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

Date

Daytime Phone #

2-02-06 850-926-7386