

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Jun 28, 2006 8:00 am
Secretary of State

05-11-2006 90017 011 ****50.00

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1st MOORE CR2E083 (10/05)

DOCUMENT # L05000027317 1. Entity Name FEAGLE FILL DIRT & LAND CLEARING, LLC					
Principal Place of Business 241 N.E. LLYNX CT LAKE CITY FL 32055			Mailing Address 241 N.E. LLYNX CT LAKE CITY FL 32055		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 20-2537001	
Country		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FEAGLE, PHILLIP 241 N.E. LLYNX CT LAKE CITY FL 32055				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				State FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when transferring) Signature typed or printed name of registered agent is acceptable					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FEAGLE, PHILLIP 241 N.E. LLYNX CT LAKE CITY FL 32055 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		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: <u>P. Phillip Feagle</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <u>4-11-06</u> Telephone <u>786 867-1586</u> Date Telephone		