

DOCUMENT # L05000037548

1. Entity Name
LOVELESS LAND CLEARING LLC



Principal Place of Business
791 COOLEY LANE
LAMONT, FL 32336

Mailing Address
P O BOX 121
LAMONT, FL 32336

FILED

08 APR 14 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04112008 Chg-LLC CR2E083 (12/06)

4. FEI Number
34-2044302

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALL FLORIDA FIRM, INC.
465 S. VOLUSIA AVE.
ORANGE CITY, FL 32763

7. Name and Address of New Registered Agent

Name *Michael Loveless*

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

791 Cooley Lane

City *Lamont*

FL Zip Code *32336*

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

Michael Loveless

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

(NOTE: Registered Agent signature required when reactivating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LOVELESS, MICHAEL W
P O BOX 121
LAMONT, FL 32336 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000128785260
05/07/08--01046--006 **138.75

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Michael Loveless

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

Date

Daytime Phone #

7C4/14