


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # L05000041542

1. Entity Name
D & W BRUSH CUTTERS, LLC



Principal Place of Business 11583 V.C. JOHNSON RD JACKSONVILLE, FL 32218	Mailing Address 11583 V.C. JOHNSON RD JACKSONVILLE, FL 32218
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DO NOT WRITE IN THIS SPACE



02202008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2742050	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FORDHAM, SCOTT B
 1241 S MCDUFF AVE
 JACKSONVILLE, FL 32205**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, DONNA M 11583 V.C. JOHNSON RD JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, DWIGHT W 11583 V.C. JOHNSON RD JACKSONVILLE, FL 32218
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 04/03/08-80095-025 138.75

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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: Donna m martin - Donna m Martin Date: 904-924-0908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #