

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90037 044 ****50.00

DOCUMENT # L05000053161

1. Entity Name

BOB THORNE TREE & LAND CLEARING LLC



Principal Place of Business

1555 SOUTH SALFORD BLVD
NORTH PORT FL 34287
US

Mailing Address

1555 SOUTH SALFORD BLVD
NORTH PORT FL 34287
US



2. Principal Place of Business

2091 Snowflake Lane
Suite, Apt. #, etc.

3. Mailing Address

2091 Snowflake Lane
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

North Port, FL

City & State

North Port, FL

4. FEI Number

20-2871240

Applied For

Not Applicable

Zip

34286

Country

USA

Zip

34286

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THORNE, ROBERT
1555 SOUTH SALFORD BLVD
NORTH PORT FL 34287

7. Name and Address of New Registered Agent

Name THORNE, Robert

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

2091 Snowflake Lane

City

North Port

FL

Zip Code

34286

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

Robert G Thorne Jr.

4-18-06

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 THORNE, ROBERT
STREET ADDRESS 1555 SOUTH SALFORD BLVD
CITY-ST-ZIP NORTH PORT FL 34287 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

TITLE
NAME
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:

Robert G Thorne Jr.

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

Date

4/18/06

Daytime Phone #

941-429-6905