

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000059059

FILED
Dec 03, 2008
Secretary of State**Entity Name:** SOUTHERN CLEARING & EXCAVATING "LLC"**Current Principal Place of Business:**7935 PARRAMORE RD.
JACKSONVILLE, FL 32244 US**New Principal Place of Business:****Current Mailing Address:**7935 PARRAMORE RD.
JACKSONVILLE, FL 32244 US**New Mailing Address:****FEI Number:** 90-0121446**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GRANTHAM, MICHAEL M
7935 PARRAMORE
JACKSONVILLE, FL 32244 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent_____
Date**MANAGING MEMBERS/MANAGERS:**Title: MGR () Delete
Name: GRANTHAM, MICHAEL M
Address: 7935 PARRAMORE RD.
City-St-Zip: JACKSONVILLE, FL 32244 USTitle: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGRM () Change (X) Addition
Name: VANTHOURNOUT, THOMAS H
Address: 750 TIDEWATER COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082Title: MGRM () Change (X) Addition
Name: HUSTON, DEBORA G
Address: 420 MALLOWBRANCH DR
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 M. GRANTHAM

MGR

12/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date