

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
VISION OF CORPORATIONS

06 DEC 18 AM 9:25

DOCUMENT # L05000067521			
1. Entity Name MILLER TIMBER AND LAND CLEARING LLC			
Principal Place of Business 3631 HOLMES VALLEY ROAD VERNON, FL 32462		Mailing Address 3631 HOLMES VALLEY ROAD VERNON, FL 32462	
2. Principal Place of Business <i>3631 Holmes Valley Rd</i>		3. Mailing Address <i>3631 Holmes Valley Rd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Vernon FL</i>		City & State <i>Vernon FL</i>	
Zip <i>32462</i>		Zip <i>32462</i>	
Country <i>Washington</i>		Country <i>Washington</i>	
4. FEI Number <i>31-1707199</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, JAMES W SR. 3631 HOLMES VALLEY ROAD VERNON, FL 32462		7. Name and Address of New Registered Agent	
Name:		Name:	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 <i>James W Miller</i>		OWNER	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent Signature required when reinstating)	
DATE <i>12-18-06</i>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, JAMES W SR 3631 HOLMES VALLEY ROAD VERNON, FL 32462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>300082480</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>12/12/06--01045--010</i> <i>**150.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, OSCAR H 3631 HOLMES VALLEY RD VERNON, FL 32462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>James W Miller</i>		Date <i>12-18-06</i> Phone # <i>850 535 4994</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			