## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

limited liability company or the

## Apr 17, 2007 8:00 am Secretary of State DOCUMENT # L06000015889 1. Entity Name 04-17-2007 90252 013 \*\*\*\*50.00 BEN JOHNSON LAND CLEARING, LLC Principal Place of Business Mailing Address 10757 NE 36TH AVE ANTHONY FL 32617 US 10757 NE 36TH AVE ANTHONY FL 32617 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State Cily & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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 agents Browning FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. THE ☐ Delete HILE 上子Change \_\_\_ Addition MGRM NAME BROWNING, ANDREA S NAME STREET ADDRESS 10757 NE 36TH AVE STRUET ADORESS CITY-ST-7IP CITY-ST-ZIP ANTHONY FL 32617 Delete TITLE HILL Change Addition NAMI NAMI` STREET ADDRESS STREET LADDRESS CITY-S1-ZIP CHY ST ZIP THE ☐ Delete TITLE ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 11111 THUE ☐ Change ☐ Addition ☐ Delete NAMI STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-S1-ZIP TITLE ☐ Delete HITE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIF CITY-ST-ZIP TITLE THILE .... Delete Change [ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-70 CHIY-S1-ZIP 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.