2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000024457

1. Entity Name
ROBERTS DIRTWORK AND LAND CLEARING, LLC

FILED
Jul 09, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
9012 ADAMS ROAD WELLBORN, FL 32094	9012 ADAMS ROAD WELLBORN, FL 32094

DO NOT WRITE IN THIS SPACE

07072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
42-1697541

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, JOSEPH B V
9012 ADAMS ROAD
WELLBORN, FL 32094

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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 reinstating)

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000953805
07/09/08-80006-019 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	PRES
NAME	ROBERTS, JOSEPH B V
STREET ADDRESS	9012 ADAMS ROAD
CITY-ST-ZIP	WELLBORN, FL 32094
TITLE	MGRM
NAME	ROBERTS, GLYNDA W
STREET ADDRESS	9012 ADAMS ROAD
CITY-ST-ZIP	WELLBORN, FL 32094
TITLE	MGRM
NAME	KVISTAD, MACHON R
STREET ADDRESS	8860 ADAMS ROAD
CITY-ST-ZIP	WELLBORN, FL 32094
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

Joseph B. Roberts IV

SIGNATURE: Joe Ben Roberts 7/9/08 386-365-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #