## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000107982

EARTH MINING OF FLORIDA, LLC

**FILED** Apr 14, 2008 08:00 AN **Secretary of State** 

Principal Place of Business

3455 PINE RIDGE ROAD

SUITE 103

NAPLES, FL 34109 US

Mailing Address

3455 PINE RIDGE ROAD

SUITE 103

NAPLES, FL 34109 US



02262008 No Chq-LLC

CR2E083 (12/07)

4. FEI Number 20-5848631 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

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## 6. Name and Address of Current Registered Agent

BARRY, JOHN K 3455 PINE RIDGE ROAD **SUITE 103** NAPLES, FL 34109

| 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.

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 After May 1, 2008 Fee will be \$538.75

| 9.   | 9. MANAGING MEMBERS/MANAGERS   |  |  |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGR<br>BARRY, JOHN MGR<br>3455 PINE RIDGE RD. STE. 103<br>NAPLES, FL 34109   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | and although the second  |  |  |
| NAME   | M. GAMETING CONTROL OF STATE O |  |  |

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11. I nereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report/strue 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 flability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daylime Phone #