

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000004021

FILED
Mar 02, 2009
Secretary of State

Entity Name: BRUSH UP LAND CLEARING, LLC

Current Principal Place of Business:

109 ELVIRA ST
GEORGETOWN, FL 32139

New Principal Place of Business:

Current Mailing Address:

PO BOX 1075
CRESCENT CITY, FL 32112

New Mailing Address:

FEI Number: 20-8250734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RICHEY, STEVEN J ESQ
601 SOUTH NINTH STREET
LEESBURG, FL 34748 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: MGRM () Delete
Name: PARKER, OLIVER F
Address: PO BOX 1075
City-St-Zip: CRESCENT CITY, FL 32112

Title: MGR () Delete
Name: PARKER, JUDY
Address: PO BOX 1075
City-St-Zip: GEORGETOWN, FL 32139

Title: MGR () Delete
Name: RICHEY, THOMAS W
Address: 431 RICHEY RD
City-St-Zip: LEESBURG, FL 34748

Title: MGR () Delete
Name: RICHEY, APRIL P
Address: 431 RICHEY ROAD
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JUDY PARKER

MGR

03/02/2009

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