

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026910

Entity Name: F & S LAWN CARE, LLC

FILED
Mar 05, 2005
Secretary of State

Current Principal Place of Business:

34158 DAYBREAK DR.
CALLAHAN, FL 32011

New Principal Place of Business:

Current Mailing Address:

34158 DAYBREAK DR.
CALLAHAN, FL 32011

New Mailing Address:

FEI Number: 26-0082048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDMONDS, OLIVER B
34158 DAYBREAK DR.
CALLAHAN, FL 32011 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/MEMBERS:

Title: MGRM () Delete
Name: EDMONDS, OLIVER B
Address: 34158 DAYBREAK DR.
City-St-Zip: CALLAHAN, FL 32011

Title: MGRM () Delete
Name: EDMONDS, DARRELL B
Address: 34158 DAYBREAK DR.
City-St-Zip: CALLAHAN, FL 32011

Title: MGRM () Delete
Name: EDMONDS, JOYCE B
Address: 34158 DAYBREAK DR.
City-St-Zip: CALLAHAN, FL 32011

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DARRELL B. EDMONDS

MGRM

03/05/2005

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