


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000023874 1. Entity Name NEW HORIZONS PROFESSIONAL LAWN CARE AND LANDSCAPING, LLC	
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Principal Place of Business 18802 NW 78TH AVENUE ALACHUA, FL 32615	Mailing Address 18802 NW 78TH AVENUE ALACHUA, FL 32615
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**DO NOT WRITE IN THIS SPACE**



04262008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 54-2195781	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

STRUBLE, ERIC  
 4719 NW 53RD AVE.  
 GAINESVILLE, FL 32653

**DO NOT WRITE IN THIS SPACE**

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**

1100000422400  
 05/21/08-80068-002 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BECKHAM, TROY S 18802 NW 78TH AVENUE ALACHUA, FL 32615
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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.

SIGNATURE: Troy Becker      4/26/08      386-418-1359  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #