


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 29, 2007 8:00 am
Secretary of State

04-30-2007 90039 045 ****50.00

DOCUMENT # L06000051932			
1. Entity Name PRECISE LAWN CARE LLC			
Principal Place of Business 117 SPRING CHASE CIRCLE ALTAMONTE SPRINGS FL 32714		Mailing Address 117 SPRING CHASE CIRCLE ALTAMONTE SPRINGS FL 32714	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		4. FEI Number 01-0898517	
		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MURPHY, ROBERT B JR 117 SPRING CHASE CIRCLE ALTAMONTE SPRINGS FL 32714		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing) (DATE)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MURPHY, ROBERT B PO BOX 547578 ORLANDO FL 32854	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Robert B Murphy</i>		4-10-07 407.898.0833	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE DAYTIME PHONE #	