4/18/a/ (305) 98/- 844/
Date Dayling Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

				·
DOCUMENT # L0000001221  1. Entity Name  TALLY WALLEN LAWN SERVICES LLC				FILED
				01 MAY 14 PM 1: 54
		,		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address			TALLAHASSEE, FLORIDA	
19321 NW 19 AVE		12800 NE & AVE #3		The second second
MIAMI FL 33	1056	MIAME FL 32161		
2. Principal Place of Business		3. Mailing Address	i 1/	
Suite, Apt. #, etc.			Sixie Huy	DO NOT WRITE IN THIS SPACE
		10413		
City & Sta	te	City & State	FC	4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5 Certificate of Status Desired \$5.00 Additional
<del></del>	6. Name and Address of	of Current Registered Agent		7. Name and Address of New Registered Agent
			Name	
WALLEN, TALLY			Street Addres	s (P.O. Box Number is Not Acceptable)
19321 NW 19 AVE		•		
MIAMI FL	L 33056		City	<b>₽</b> Zip Code
		·		
8. The above	e named entity submits this st	atement for the purpose of changing it	s registered office or regis	tered agent, or both, in the State of Florida.
SIGNATURE	/ Soller l	all owner		4/18/0/
	Signature, typed or of inted name of rec	gistered agent and title if applicable. (NO	TE: Registered Agent signature requi	red when reins(ging)
	Į.	FILEN	IOW!!! FEE IS \$50.0	
		Make Check P	ayable to Department	OI State
9.	MANAGI	NG MEMBERS/MEMBERS	10.	ACEX LACKOX Change Addition
TITLE NAME	ALEX 4	ACBOIX Delate	TITLE NAME	ACEX LACKOIX Change Addition 37/3 W BIXIE HWY
STREET ADDRESS			OTREET ADDRESS	
CITY-ST-ZIP	miami F		CITY-ST-ZIP 7	VII Om 1 - C 3 3/6/ /consultant
NAME		Delete	NAME	. Change 🗀 Auditori
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP		Delete -	CITY-ST-ZIP	- Change Addition
NAME		Outge	NAME	800004416393 Q
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS : City-St-ZIP	*****50.00 *****50.00
TITLE	:	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	1		NAME	·
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE 💸		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	;		NAME STREET ADDRESS	Í
CITY-ST-ZIP			CITY-ST-ZIP	
11. I hereby o	certify that the information sur	pplied with this filing does not qualify fo	or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information