

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001221

FILED  
Mar 29, 2004  
Secretary of State

**Entity Name:** TALLY WALLEN LAWN SERVICES LLC

**Current Principal Place of Business:**

19321 NW 19 AVE  
MIAMI, FL 33056

**New Principal Place of Business:**

6748 DOGWOOD DR  
MIRAMAR, FL 33025

**Current Mailing Address:**

13313 W. DIXIE HWY., #104B  
MIAMI, FL 33161

**New Mailing Address:**

6748 DOGWOOD DR  
MIRAMAR, FL 33025

**FEI Number:** 65-0981943

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLEN, TALLY  
6748 DOGWOOD  
HOLLYWOOD, FL 33023 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: MGR ( ) Delete  
Name: WALLEN, TALLY  
Address: 6748 DOGWOOD  
City-St-Zip: HOLLYWOOD, FL 33023

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: WALLEN, NERISSA  
Address: 6748 DOGWOOD DR  
City-St-Zip: MIRAMAR, FL 33025

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: TALLY WALLEN

MGR

03/29/2004

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