


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90108 006 \*\*\*\*50.00

<b>DOCUMENT # L01000000424</b> 1. Entity Name CLR LAWN AND GARDEN, L.L.C.					
Principal Place of Business 8640 E. KEATING PARK STREET, LOT 275 FLORAL CITY, FL				Mailing Address P.O. BOX 2362 INVERNESS, FL 34451-2362	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RUSSELL, CINDY L 213 COURTHOUSE SQUARE INVERNESS, FL 34450				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR			TITLE	MGR
NAME	RUSSELL, CINDY L			NAME	Russell, Cindy L
STREET ADDRESS	452 PLEASANT GROVE ROAD			STREET ADDRESS	213 Courthouse Square
CITY-ST-ZIP	INVERNESS, FL 34452			CITY-ST-ZIP	Inverness FL 34450
CITY-ST-ZIP				CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> <u>Cindy L Russell, managing member</u>				2/7/04 (352) 726-1116	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	