

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011714

FILED
Apr 11, 2005
Secretary of State

Entity Name: GARY FOLL & SONS LAWN SERVICE, LLC

Current Principal Place of Business:

7713 INDIAN RIDGE TRAIL N
KISSIMMEE, FL 34747

New Principal Place of Business:

Current Mailing Address:

1503 CROSSRIDGE DRIVE
BRANDON, FL 33510

New Mailing Address:

FEI Number: 59-3736024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOLL, GARY D
1503 CROSSRIDGE DRIVE
BRANDON, FL 33510 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: MGRM () Delete
Name: FOLL, ARTHUR G
Address: 7713 INDIAN RIDGE TRAIL N
City-St-Zip: KISSIMMEE, FL 34747

Title: MGRM () Delete
Name: FOLL, GARY D
Address: 1503 CROSSRIDGE DR
City-St-Zip: BRANDON, FL 33510

Title: MGRM () Delete
Name: FOLL, VICKI L
Address: 1503 CROSSRIDGE DR
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES:

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

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

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

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: VICKI L FOLL

MGRM

04/11/2005

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