


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP -2 AM 9:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

192

DOCUMENT # L02000009361		
1. Entity Name CT'S LAWN SERVICE, LLC		

Principal Place of Business 9025 N.W. 9TH AVENUE MIAMI, FL 33150 US	Mailing Address 9025 N.W. 9TH AVENUE MIAMI, FL 33150 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



9/2 ☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3646027	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent RHINESS, DEANGELA 9025 N.W. 9TH AVENUE MIAMI, FL 33150	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Make Check Payment to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member/Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DeAngela Rhines 9025 N.W. 9th Avenue Miami, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member/Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cavin Thomas 1005 N.W. 58th Terrace Miami, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300022934933 09/10/03--01073--002 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 606, Florida Statutes.

SIGNATURE: DeAngela Rhines 08/23/03 (305)836-6119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)

Attachment

CT's Lawn Service, LLC

9025 N.W. 9th Avenue
Miami, FL 33150

282

August 23, 2003

#L030000069361

Uniform Business Report
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314-6778

Dear Sir/Madam:

In a recent audit of our financial records, we noticed that check #2504, dated February 21, 2003 for \$50.00 for our 2003 UBR never cleared our account. This check was submitted and mailed with the UBR in February 2003. In checking for active status for our business, we noticed that the last filing was April 18, 2002, so our 2003 UBR and check must have gotten lost in the mail.

We are paying the \$50.00 UBR fee and have enclosed a computer-generated form. If you have any questions, please contact us.

Sincerely,



DeAngela Rhines
Manager