2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

NAME

TITLE

NAME

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NAME

STREET ADDRESS

STREET ADORESS CITY-ST-ZIP

STREET ADDRESS

CITY ST ZIP

May 02, 2005 8:00 am Secretary of State DOCUMENT # L02000013218 05-02-2005 90148 001 ***105.00 1. Entity Name LOVE YOUR LAWN LANDSCAPE SERVICES, LLC Principal Place of Business Mailing Address 3801 HOGSHFAD ROAD 3801 HOGSHEAD ROAD APOPKA, FL 32703 APOPKA, FL 32703 2. Principal Place of Business 3. Mailing Address Same Sam Suite. Apt. #, etc. 04142005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 04-3677099 Not Applicable Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Same RYAN, WILLIAM D Street Address (P.O. Box Number is Not Acceptable) 3801 HOGSHEAD ROAD APOPKA, FL 32703 City 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 age Signature, typed or printed name of registered agent and tale if applicate (NOTE, Registered Agent signature required when lightfulling) Make check pavable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. PD PD De ete TITLE Change Addition DILE William D. Ryan 3801 Hogshead Rd RYAN, DEREK W NAME STREET ADDRESS STREET ADDRESS 3801 HOGSHEAD ROAD Apopka, FL 32703 CITY-ST-ZIP CITY-ST-219 APOPKA, FL 32703 Treas. Diane Ryan 3801 Hogshead Rd. VS TIRE Delete TITLE Change Addition RYAN, DIANE NAME NAME STREET ADDRESS 3801 HOGSHEAD ROAD STREET ADDRESS APOPKA, FL 32703 CITY ST 74P Apople, FL 32703 CITY ST 7(P Addition TITLE Delete Ππ.E Change James D. Ryan Rd. 3801 Hogshad Rd. NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP Apop Ku, FL 32703 CITY ST ZIP TITLE Deleta TILE ☐ Change Addition Secretain

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CITY-ST-ZIP CITY-ST-ZIP 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. 321-231

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CITY ST ZIP

CITY-ST-ZIP

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Ryan 801 Hoyshead Rd.

Apopka FL 32703

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Addition

3544 4-13-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Days on Phone 5