2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAR -7 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000013218

1. Entity Name
LOVE YOUR LAWN LANDSCAPE SERVICES, LLC

Principal Place of Business	Mailing Address
112 E. SPRUCE ST. ORLANDO, FL 32804	112 E. SPRUCE ST. ORLANDO, FL 32804

2. Principal Place of Business	3. Mailing Address
3801 HOGSHEAD RD	3801 HOGSHEAD RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: APOPKA, FL	City & State: APOPKA, FL
Zip: 32703 Country: ORANGE	Zip: 32703 Country: ORANGE

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 04-3677099 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH ST.
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name: WILLIAM D. RYAN
Street Address (P.O. Box Number is Not Acceptable): 3801 HOGSHEAD RD.
City: APOPKA FL Zip Code: 32703

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: William D Ryan
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RYAN, WILLIAM DEREK 112 E. SPRUCE ST. ORLANDO, FL 32804	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner William Derek Ryan 3801 HOGSHEAD RD. APOPKA, FL 32703	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Diane M Ryan 3801 HOGSHEAD RD APOPKA, FL 32703	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900013692079 03/07/03--01045--014 **50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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.

SIGNATURE: William D Ryan William D. Ryan 2-17-03 321-231-3544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #