FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90060 025 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

10102476

DOCUMENT # L02000014252

1. Entity Name
MAURY THE LAWN RANGER, LLC

Principal Place of Business	Mailing Address
~~4134 GULF OF MEXICO DRIVE, SUITE 302~~ ~~LONGBOAT KEY, FL 34228~~	~~4134 GULF OF MEXICO DRIVE, SUITE 302~~ ~~LONGBOAT KEY, FL 34228~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1633 E VINE	1633 E VINE
Suite, Apt. #, etc. 206	Suite, Apt. #, etc. 206
City & State Kissimmee FL	City & State Kissimmee FL
Zip 34744 Country	Zip 34744 Country

4. FEI Number 11-3642175 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HANSON, MARTYN
~~4134 GULF OF MEXICO DRIVE, SUITE 302~~
~~LONGBOAT KEY, FL 34228~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 1633 E VINE
206
City Kissimmee FL Zip Code 34744

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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	D MAURY NOYES 5335 CORAL VINE LANE Kissimmee FL 34758 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTYN HANSON 1633 E VINE #206 Kissimmee FL 34744 ☐ 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
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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: ______________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #