## 2005 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT FILED** Aug 01, 2005 08:00 AM Secretary of State DOCUMENT # L03000013581 1. Entity Name TNT LAWN CARE OF DOVER, L.L.C. Principal Place of Business Mailing Address 13117 LILITA AVENUE 13117 LILITA AVENUE DOVER, FL 33527 DOVER, FL 33527 07092005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0776320 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILLIAMS, TERRY L DO NOT WRITE 13117 LILITA AVENUE DOVER, FL 33527 IN THIS SPACE 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. and registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 7, 2005 9. MANAGING MEMBERS/MANAGERS MGRM IME WILLIAMS, TERRY L NAME STREET ADDRESS 13117 LILITA AVENUE CITY-ST-ZIP **DOVER, FL 33527** U00000375244 08/01/05-80010-015 50.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TALE NAME STREET ADDRESS

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:

CITY-ST-ZIP

7-11-05