2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Aug 03, 2007 08:00 AN Secretary of State DOCUMENT # L03000020297 1. Entity Name SUNSHINE LAWN SERVICE, LLC Principal Place of Business Mailing Address 405 14TH ST NW LARGO FL 33770 405 14TH ST NW **LARGO FL 33770** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E083 (4/07) City & State City & State 4. FEI Number Applied For 20-0030022 Not Applicable Zìp Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHULTZ, CORY Street Address (P.O. Box Number is Not Acceptable) 405 14TH ST. NW **LARGO FL 33770** 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 agent. SIGNATURE Signature, typed or provided name of registered agent and 134 st applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE ☐ Change Addition NAME SHULTZ, CORY NAME STREET ADDRESS 405 14TH ST NW STREET ADDRESS U000000771368 <u>08/03/07-80004-004 50.00</u> CITY-ST-782 LARGO FL 33770 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition MAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Addition ☐ Change MANE MANE STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP HILE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TATLE Delete TITLE ☐ Change ☐ Addition MARKE MAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIBLE ☐ Delete TITLE Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP

FILED

SIGNATURE: JOHN SHULLE JEAN M. Shulter 0/107 (727) 938-1116
SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE DIST. DOLLAR OF DOLLAR OF PROPER OF

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.