

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 22, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000032380**

1. Entity Name  
**STRACHAN SONS LAWN SERVICE, LLC**



Principal Place of Business  
**5301 S.W. 23RD ST.  
HOLLYWOOD, FL 33023**

Mailing Address  
**5301 S.W. 23RD ST.  
HOLLYWOOD, FL 33023**



05012006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WESTON, AHMAD  
5016 S.W. 23RD STREET  
HOLLYWOOD, FL 33023**

**DO NOT WRITE  
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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

|                |                           |
|----------------|---------------------------|
| TITLE          | MGRM                      |
| NAME           | WESTON, AHMAD             |
| STREET ADDRESS | 5016 S.W. 23RD STREET     |
| CITY-ST-ZIP    | HOLLYWOOD, FL 33023       |
| TITLE          | MGRM                      |
| NAME           | STRACHAN, TEDDY           |
| STREET ADDRESS | 951 SIESTA KEY BLVD. #516 |
| CITY-ST-ZIP    | DEERFIELD BEACH, FL 33441 |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |

000000565709  
05/22/06-80008-020 50.00

05/19/06-80008-020 55.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** Ahmad Weston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5-1-06 954-961-2468