2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State

04-29-2004 90069 005 ***150.00

DOCUMENT # L03000036078

1. Entity Name
S & N LAWN SERVICE, LLC

34007780

Principal Place of Business	Mailing Address
5755 RANCHES ROAD LAKE WORTH, FL 33467	5755 RANCHES ROAD LAKE WORTH, FL 33467

04222004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 13-4265235 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AKTHER, MOHAMMAD J 7349 OAKBORO DRIVE LAKE WORTH, FL 33467	Name MOHAMMAD J. AKTHER Street Address (P.O. Box Number is Not Acceptable) 7349 OAKBORO DR City LAKE-WORTH FL Zip Code 33467

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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEGUM, SHAMSAD 5755 RANCHES ROAD LAKE WORTH, FL 33467	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~[illegible]~~ AKTHER, MOHAMMAD, J 7349 OAKBORO DR. LAKE WORTH, FL 33467	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

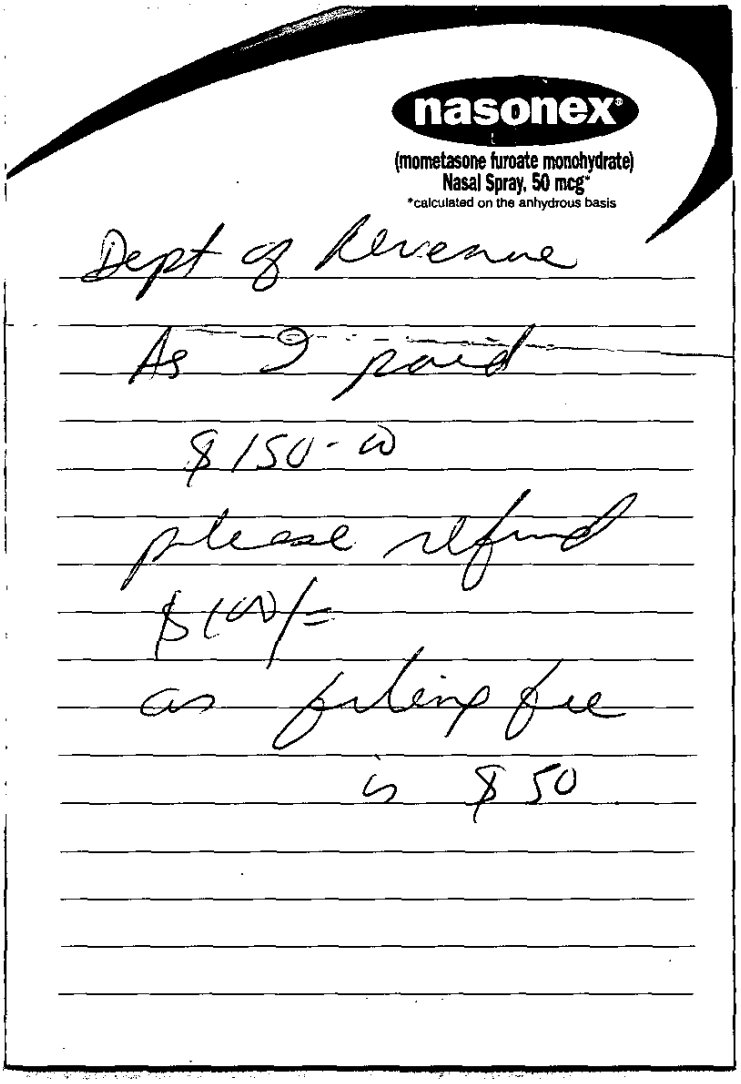
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made 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: Mohammad J. Akther 4/26/04 (561) 357-9916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment

34007780

#L030000 36078



Dept of Revenue

As I paid

$150-00

please refund

$100/=

as filing fee

is $50