2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000036332

1. Entity Name

NEAT EXPECTATIONS, LLC



FILED
Jan 31, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

1068 NATURE'S HAMMOCK RD. S. JACKSONVILLE, FL. 32259

1068 NATURE'S HAMMOCK RD. S. IACKSONVILLE, FL 32259



01282007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
83-0370768		Not Applicable
5. Certificate of Status Desired	×	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TURNER, LYNDA 1068 NATURE'S HAMMOCK RD. S. JACKSONVILLE, FL 32259

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char lions of registered agent.	ging its registered office or	registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signsture, typed or printed name of registered agent and title / applicable.	(NOTE: Registered Agent signate	re required when renstating) UCDDDDG 1 PATE
, , FI D	liing Fee is \$50.00 ue by May 1, 2007		02/06/07-80026-003 55.00
9.	MANAGING MEMBERS/MANAGERS	i i	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TURNER, LYNDA 1068 NATURE'S HAMMOCK RD. S. JACKSONVILLE, FL 32259		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	61		
indicated	certify that the information supplied with this filing does not on this report is true and accurate and that my signature s billity company or the receiver or trustee empowered to exe	iall have the same legal ef	contained in Chapter 119, Florida Statutes. I further certify that the information fect as if made under oath; that I am a managing member or manager of the by Chapter 608, Florida Statutes.