2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State
01-15-2004 90092 011 ****50.00

DOCUMENT # L03000037037

1. Entity Name
ACE LAWN CARE, L.L.C.

Principal Place of Business	Mailing Address
C/O 5140 MELDON CIRCLE SARASOTA, FL 34232	C/O 5140 MELDON CIRCLE SARASOTA, FL 34232

01062004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
5317 Fruitville Rd #218	5317 Fruitville Rd. #218
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34232 Country: Sarasota	Zip: 34232 Country: Sarasota

4. FEI Number: 56-2403450 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAXLEY, MILTON H II
C/O 1929 N.W. 12TH TERRACE
GAINESVILLE, FL 32609

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 Milton H Baxley II
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	[illegible] ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member David L. Miller 5317 Fruitville Rd #218 Sarasota, FL 34232 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: David L Miller 1-12-04 941-232-1674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #