

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/2/2

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-02-2004 90004 043 ****50.00

DOCUMENT # L03000050112	
1. Entity Name ELITE LAWN SERVICE & LANDSCAPING, LLC	



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Principal Place of Business 21291 PEARCY AVE. PORT CHARLOTTE, FL 33952	Mailing Address 21291 PEARCY AVE. PORT CHARLOTTE, FL 33952
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07192004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0493161	Applied For ☐ Not Applicable
6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

5. Name and Address of Current Registered Agent STRUCKHOFF, RAYMOND 21291 PEARCY AVE. PORT CHARLOTTE, FL 33952	
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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 certifies 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 DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRUCKHOFF, RAYMOND 21291 PEARCY AVE. PORT CHARLOTTE, FL 33952 ☐ 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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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)(d), 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 603, Florida Statutes.

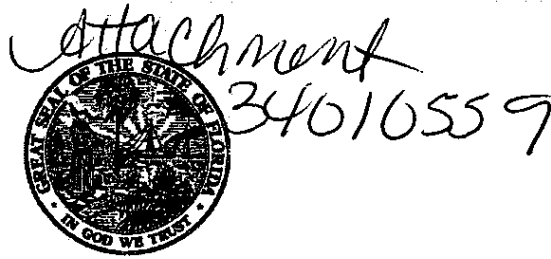
SIGNATURE:

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

Date

Business Phone #

9/23/04



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

September 15, 2004

ELITE LAWN SERVICE & LANDSCAPING, LLC
21291 PEARCY AVE..
PORT CHARLOTTE, FL 33952

Subject: ELITE LAWN SERVICE & LANDSCAPING, LLC

Reference Number: L03000050112

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314
WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RH

ANNUAL REPORTS SECTION