2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #1 03000050622



FILED Apr 19, 2006 8:00 am Secretary of State

| Principal Rises of Business J. Mailing Address John Milling Addre | 1. Entity Name LEON & SONS LAWN SPRINKLER SERVICE LLC | | | | | | | 04-19-2006 | _ | | 5.00 | |
|---|--|-------------------------|----------------------------------|------------------------------|--------------------------------|---------------------------------------|-----------------------|---------------------------------------|----------------|-----------------------|------------|--|
| Suite, Apt. #. etc. Suite. Apt. #, etc. Suite. Apt. #, etc. O1102006 Chg-LLC CR2E083 (11/05) | 1915 PALMETTO ST. | | | 1915 PALMETTO ST. | | | ₩ ~ - | | | | | |
| City & State | 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | |
| Zip Country Zip Country S. Certificate of Status Depard (D) \$5.00 Additional Per Applicable (D) \$5.00 | Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 01102006 | Chg-LLC | CR2E08 | 3 (11/05) | | |
| S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Na | City & State | | | City & State | | | | | | 1 1 1 1 1 1 1 | | |
| Name | Zip | С | ountry | Zip | Zip Country | | | | LEAT F | ee Required | | |
| Some Address (PO, Box Number is Not Acceptable) Street Address (PO | | 6. Name and | Address of Current R | egistered Agent | | | 7. Name an | d Address of New F | Registered Ag | ent | | |
| Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33607-3035 | | | | | | Name | | | | | | |
| E. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am I amiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am I amiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am I amiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am I amiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am I amiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am I amiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am I amiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am I amiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am I amiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am I amiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am I amiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I amiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I amiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I amiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I amiliar with, and accept the obligations of registered agent, or both, in the State of Florida Department of State Simer Adoress | 1915 PALM | METTO ST. | | | | Street Address | (P.O. Box Numb | per is Not Acceptabl | e) | | | |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I arm familiar with, and accept the o'cligations of registered agent. SignaTurn Filling Fee is \$50.00 Filling Fee is \$50.00 Make check payable to Florida Department of State | 1711111 71,11 | L 00001 000 | • | | City | | | | · - | T Zip Code | | |
| SIGNATURE Signature Signa | | | | | | • | "' [L ' | | | | | |
| Pilling Foe is \$50.00 Make check payable to Fiorida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Addition NAME ADDITIONS/CHANGES ADDITIONS/CHANGES Addition NAME ADDITIONS/CHANGES ADDITIONS/CHANGES ADDITIONS/CHANGES Addition NAME ADDITIONS/CHANGES | | | | the purpose of changing its | registere | d office or regist | ered agent, or b | oth, in the State of FI | orida. 1 am fa | miliar with, a | and accept | |
| 9. MANAGING MEMBERS 10. ADDITIONS / CHANGES Addition MAKE Delete TITLE MGR Delete TITLE MGRM MGRM Delete TITLE MGRM MGRM Delete TITLE MGRM MGRM MGRM MGRM Delete TITLE MGRM | SIGNATURE . | Signature, typed or pri | nted name of registered agent en | d title if applicable. (NOTE | Registered | Agent signature requir | red when reinstating) | | DATE | · · · · · · · · · · · | | |
| 9. MANAGING MEMBERS 10. ADDITIONS / CHANGES Addition MAME | | | ··· | | | | | | | | | |
| TITLE NAME JOHNSON, DOLPHUS L JO | Filing Fee is \$50.00 Due by May 1, 2006 | | | | | | | L | | _ | • | |
| NAME SIRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS CITY-ST-2P | 9. | | MANAGING MEMBER | S/MANAGERS | 10. | | | ADDITIONS | /CHANGES | | | |
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| ter there are a second and the secon | STREET ADDRESS CITY-ST-ZIP TITLE NAME- STREET ADDRESS | | | ☐ Delete | CITY- TITLE NAMI STRE | - ST-ZIP E E ET ADDRESS | | | | ☐ Change | Addition | |

only signature strait have the same legal effect as if made under oath; that I ampowered to execute this report as required by Chapter 608, Florida Statutes.