

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90251 034 \*\*\*\*50.00

<b>DOCUMENT # L03000050622</b> 1. Entity Name <b>LEON &amp; SONS LAWN SPRINKLER SERVICE LLC</b>					
Principal Place of Business <b>1915 PALMETTO ST. TAMPA, FL 33607-3035</b>			Mailing Address <b>1915 PALMETTO ST. TAMPA, FL 33607-3035</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01102006    Chg-LLC    CR2E083 (11/05)	
4. FEI Number <b>47-0934530</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>JOHNSON, DOLPHUS L</b> <b>1915 PALMETTO ST.</b> <b>TAMPA, FL 33607-3035</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>JOHNSON, DOLPHUS L</b> <b>1915 PALMETTO ST.</b> <b>TAMPA, FL 336073035</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>JOHNSON, TIMOTHY P</b> <b>3316 WEST SANTIAGO STREET</b> <b>TAMPA, FL 336297148</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.					
<b>SIGNATURE:</b> <i>Dolphus L. Johnson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <i>1 May 07</i> 813    3899804 <small>Daytime Phone #</small>		

ATTACHMENT

30006923  
Division of Corporations

## 2007 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	L03000050622
Business Entity Name	LEON & SONS LAWN SPRINKLER SERVICE LLC
Original File Date	12/01/2003

FEI Number 47-0934530

Principal Address 1915 PALMETTO ST  
TAMPA, FL 336073035

Mailing Address 1915 PALMETTO ST  
TAMPA, FL 336073035

Registered Agent DOLPHUS L JOHNSON  
1915 PALMETTO ST  
TAMPA, FL 336073035

## Managing Member/Manager Name And Address

MGR  
DOLPHUS L JOHNSON  
1915 PALMETTO ST  
TAMPA, FL 336073035

MGRM  
TIMOTHY P JOHNSON  
3316 WEST SANTIAGO STREET  
TAMPA, FL 336297148

If all of the above  
information is correct and  
you do not wish to make  
any changes, please  
select:

If you need to make  
changes to the above  
information, please  
select:

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This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

# L03000050622

**Managing Member/Manager Name and Address**

Our database can hold a total of six managers or managing members. If you must list more than six managers or managing members, you must download an annual report, list the additional managers or managing members on an attachment, and submit the filing in paper form along with the appropriate fees.

Title	MGR
Name (Last, First, Middle, Title)	JOHNSON DOLPHUS L
- OR -	
Entity Name to serve as MGR or MGRM	
Street Address	1915 PALMETTO ST.
City, State	TAMPA FL
Zip Code & Country	336073035
Title	MGRM
Name (Last, First, Middle, Title)	JOHNSON TIMOTHY P
- OR -	
Entity Name to serve as MGR or MGRM	
Street Address	3316 WEST SANTIAGO STREET
City, State	TAMPA FL
Zip Code & Country	336297148
Title	
Name (Last, First, Middle, Title)	
- OR -	
Entity Name to serve as MGR or MGRM	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
- OR -	
Entity Name to serve as MGR or MGRM	
Street Address	



ATTACHMENT 30006923  
Division of Corporations

## Annual Report

[Annual Report Help](#)

Document Number

1.03000050622

Business Entity Name

LEON &amp; SONS LAWN SPRINKLER SERVICE LLC

FEI Number

470934530

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☒ No \$5.00 each

## Principal Place of Business

Address

1915 PALMETTO ST.

Suite, Apt. #, etc.

City, State

TAMPA

, FL

Zip Code &amp; Country

336073035

## Mailing Address

Address

1915 PALMETTO ST.

Suite, Apt. #, etc.

City, State

TAMPA

, FL

Zip Code &amp; Country

336073035

## Name and Address of Registered Agent

Name (Last, First, Middle, Title)

JOHNSON

DOLPHUS

, L

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

1915 PALMETTO ST.

Suite, Apt. #, etc.

City, State

TAMPA

, FL

Zip Code &amp; Country

336073035 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature