

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90158 009 \*\*\*\*50.00

**DOCUMENT # L03000051753**

1. Entity Name  
**DOUG'S HOME AND LAWN CARE LLC**



Principal Place of Business  
**2944 LARSON ST  
KISSIMMEE, FL 34741**

Mailing Address  
**2944 LARSON ST  
KISSIMMEE, FL 34741**

**24029393**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
**30-0219948**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POOLE, DOUGLAS  
2944 LARSON ST  
KISSIMMEE, FL 34741**

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

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 **MEMBER** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MG-RM** ☐ Change ☒ Addition  
NAME **Debra R. Poole**  
STREET ADDRESS **2944 Larson Street**  
CITY-ST-ZIP **Kissimmee, FL 34741**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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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:** Debra R. Poole Debra R. Poole 3/21/04 407-846-9201  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #