


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000001435	
1. Entity Name PEOPLES LAWN & IRRIGATION, LLC	

Principal Place of Business 8614 TERRELL STREET PANAMA CITY BEACH, FL 32408	Mailing Address 8614 TERRELL STREET PANAMA CITY BEACH, FL 32408
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent PEOPLES, KENNETH ALLEN 8614 TERRELL STREET PANAMA CITY BEACH, FL 32408	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEOPLES, KENNETH ALLEN 8614 TERRELL STREET PANAMA CITY BEACH, FL 32408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000064014910 01/19/06--01006--014 **100.00
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
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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 608, Florida Statutes.

SIGNATURE: Ann Howell Anthony Knight 1/3/06 850-258-8601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED

06 JAN -3 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01032006 Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

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

FL Zip Code

dec