2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Aug 18, 2005 8:00 am Secretary of State DOCUMENT # L04000007363 08-18-2005 90105 043 ****50.00 K & R CUTS LAWN & LANDSCAPING, LLC Principal Place of Business Mailing Address 6650 POSSUM RIDGE ROAD 6650 POSSUM RIDGE ROAD CRESTVIEW, FL 32539 CRESTVIEW, FL 32539 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07152005 Chq-LLC CR2F083 (10/03) City & State City & State 4. FEI Number Applied For 37-148479 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRAY, KENNETH J Street Address (P.O. Box Number is Not Acceptable) 6650 POSSUM RIDGE ROAD CRESTVIEW, FL 32539 City Zip Code FL 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 stansture required when reinstating) DATE Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR Delete TITLE ☐ Change Addition BRAY, KENNETH J NAME MALIC STREET ADDRESS 6650 POSSUM RIDGE ROAD STREET ADDRESS CRESTVIEW, FL 32539 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE Change Addition Detete TITLE BRAY, JENNIFER E NAME NAME STREET ADDRESS 6650 POSSUM RIDGE ROAD STREET ADDRESS CITY-ST-ZIP CRESTVIEW, FL 32539 CITY-ST-ZIP TITLE Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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