

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L04000021275**

1. Entity Name  
**MANNING'S LANDSCAPING & LAWN CARE, LLC**



Principal Place of Business  
**460 S. VENICE BLVD.  
VENICE, FL 34293**

Mailing Address  
**460 S. VENICE BLVD.  
VENICE, FL 34293**

**FILED  
Mar 12, 2007 08:00 AM  
Secretary of State**



02172007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-0971322</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	
\$5.00 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MANNING, SHEILA L  
460 S. VENICE BLVD.  
VENICE, FL 34293**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	MANNING, SHEILA L
STREET ADDRESS	460 S. VENICE BLVD.
CITY-ST-ZIP	VENICE, FL 34293

TITLE	
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03/22/07-80018-023 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: Sheila Manning**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

3-7-07 (941)493-0745

Date

Daytime Phone #