

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 18, 2008 08:00 AM
Secretary of State**

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**



02142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
20-0971322**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

6. 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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**000000830658
02/26/08-80092-014 138.75**

8. MANAGING MEMBERS/MANAGERS

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

**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

2/15/08

(941)493-0745

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

Date

Daytime Phone #