

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000021578

Entity Name: ALL PRO LAWN CARE, LLC

**FILED**  
**Apr 09, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

555 SHETLAND CIRCLE  
NOKOMIS, FL 34275 US

**New Principal Place of Business:**

**Current Mailing Address:**

555 SHETLAND CIRCLE  
NOKOMIS, FL 34275 US

**New Mailing Address:**

FEI Number: 04-7606829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOLAN, CHRISTOPHER M  
555 SHETLAND CIRCLE  
NOKOMIS, FL 34275 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DOLAN, CHRISTOPHER M  
Address: 555 SHETLAND CIRCLE  
City-St-Zip: NOKOMIS, FL 34275 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTOPHER M DOLAN

MGR

04/09/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date