

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90190 049 ****50.00

DOCUMENT # L04000021702

1. Entity Name
KEITH RUTKOWSKI LAWN MAINTENANCE, LLC



Principal Place of Business
**3833 LONG LEAF DR.
MELBOURNE, FL 32940**

Mailing Address
**3833 LONG LEAF DR.
MELBOURNE, FL 32940**

20009652



2. Principal Place of Business

5265 Sand Lake Dr.

3. Mailing Address

P.O. Box 410722

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01292005 Chg-LLC CR2E083 (10/03)

City & State

Melbourne FL

City & State

Melbourne, FL

4. FEI Number

107-62-1752

Applied For

Not Applicable

Zip
32934

Country

USA

Zip
32941

Country

USA

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

6. Name and Address of Current Registered Agent

**RUTKOWSKI, KEITH
3833 LONG LEAF DR.
MELBOURNE, FL 32940**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

1/29/05

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
RUTKOWSKI, KEITH
3833 LONG LEAF DR.
MELBOURNE, FL 32940** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
Rutkowski, Keith
5265 Sand Lake Dr.
Melbourne, FL 32934** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

1/29/05