

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-10-2005 90035 026 ****55.00

DOCUMENT # L04000024538

1. Entity Name
TITAN LAWN SERVICE & GRADING, LLC



Principal Place of Business
**1208 MAGDALENE GROVE AVE
TAMPA, FL 33613 US**

Mailing Address
**1208 MAGDALENE GROVE AVE
TAMPA, FL 33613 US**

20019688



2. Principal Place of Business

3. Mailing Address

3640 Peppervine PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092005 Chg-LLC CR2E083 (10/03)

City & State
Wesley

City & State
Wesley Chapel

4. FEI Number
84-1645031

Applied For
Not Applicable

Zip Country

Zip Country
33543 Pasco

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMSON, FRANKLIN
1208 MAGDALENE GROVE AVE
TAMPA, FL 33613**

Name
Williamson Franklin

Street Address (P.O. Box Number is Not Acceptable)
3640 Peppervine PL

Wesley Chapel

City Zip Code
FL 33543

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 **Scott Williamson**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/28/05
DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME WILLIAMSON, FRANKLIN ☐ Delete
STREET ADDRESS 1208 MAGDALENE GROVE AVE
CITY - ST - ZIP TAMPA, FL 33613

TITLE MGR ☒ Change ☐ Addition
NAME Franklin Williamson
STREET ADDRESS 3640 Peppervine PL
CITY - ST - ZIP Wesley Chapel, FL 33543

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Scott Williamson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/28/05 813-363-3711
Date Daytime Phone #