

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90086 031 ****50.00

DOCUMENT # L04000025541	
1. Entity Name ED'S LAWN SERVICE LLC	

Principal Place of Business 3025 SE 36TH AVENUE OKEECHOBEE, FL 34974 US	Mailing Address 3025 SE 36TH AVENUE OKEECHOBEE, FL 34974 US
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20067255



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08182005 Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3789492	Applied For ☒ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HARGIS, KYLE EDWARD 3025 SE 36TH AVENUE OKEECHOBEE, FL 34974	
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7. Name and Address of New Registered Agent Name HARGIS, KYLE EDWARD Street Address (P.O. Box Number is Not Acceptable) 3026 SE 36th Avenue City Okeechobee FL Zip Code 34974-6945	
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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 <i>Kyle E Hargis</i>	KYLE EDWARD HARGIS, MGRM	AUGUST 19, 2005
(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 September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARGIS, KYLE EDWARD 3025 SE 36TH AVENUE OKEECHOBEE, FL 34974	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARGIS, KYLE EDWARD 3026 SE 36TH AVENUE OKEECHOBEE, FL 34974	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: <i>Kyle E. Hargis</i>	KYLE EDWARD HARGIS	AUGUST 19, 2005	863-467-4656
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