


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90243 009 ****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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2. Principal Place of Business 3026 SE 36th Avenue Suite, Apt. #, etc.	3. Mailing Address 3026 SE 36th Avenue Suite, Apt. #, etc.
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City & State OKEECHOBEE, FL	City & State OKEECHOBEE, FL
Zip 34974	Zip 34974
Country USA	Country USA

20010240



02202006 Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3789492	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent HARGIS, KYLE EDWARD 3026 SOUTHEAST 36TH AVENUE OKEECHOBEE, FL 34974-6945	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Kyle E. Hargis* **KYLE EDWARD HARGIS, MGRM** **2/23/2006**
(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 May 1, 2006	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 3026 SOUTHEAST 36TH AVENUE OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Kyle E. Hargis* **2/23/2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #