


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90262 007 \*\*\*\*50.00

<b>DOCUMENT # L04000025541</b>	
1. Entity Name <b>ED'S LAWN SERVICE LLC</b>	

Principal Place of Business <b>3025 SE 36TH AVENUE OKEECHOBEE, FL 34974 US</b>	Mailing Address <b>3025 SE 36TH AVENUE OKEECHOBEE, FL 34974 US</b>
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2. Principal Place of Business - No P.O. Box # <b>3026 SE 36TH AVENUE</b>	3. Mailing Address <b>3026 SE 36TH AVENUE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>OKEECHOBEE, FL</b>	City & State <b>OKEECHOBEE, FL</b>
Zip <b>34974</b>	Zip <b>34974</b>
Country <b>US</b>	Country <b>US</b>

01212007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>04-3789492</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>HARGIS, KYLE EDWARD 3026 SOUTHEAST 36TH AVENUE OKEECHOBEE, FL 34974-6945</b>	

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 <b>X</b> <i>Kyle E Hargis</i>	<b>KYLE EDWARD HARGIS, MGRM</b> <b>JANUARY 21, 2007</b>
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HARGIS, KYLE EDWARD 3026 SOUTHEAST 36TH AVENUE OKEECHOBEE, FL 34974</b> <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
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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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

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.

<b>SIGNATURE: X</b> <i>Kyle E Hargis</i> <b>KYLE EDWARD HARGIS</b> <b>1/21/2007</b> <b>863-467-4656</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE