2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000026896

1. Entity Name
THUNDERSCAPE LAWN SERVICE, LLC



FILED
May 02, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

8322 SYLVAN WOODS DRIVE SARASOTA, FL 34243 8322 SYLVAN WOODS DRIVE SARASOTA, FL 34243

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04302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 Applied For
20-0981365	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAVEZ, JORGE M 8322 SYLVAN WOODS DRIVE SARASOTA, FL 34243

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	e named entity submits this statement for the purpose of cha- tions of registered agent.	nging Its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	77.4		
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	Haaanaaycys XX E
F	liing Fee is \$50.00 we by May 1, 2007		05/23/07-80065-003 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR	····	
NAME	CHAVEZ, JORGE M		
STREET ADDRESS	8322 SYLVAN WOODS DRIVE		

NAME STREET ADDRESS CITY-ST-ZIP	CHAVEZ, JORGE M 8322 SYLVAN WOODS DRIVE SARASOTA, FL 34243			
TITLE NAME STREET ADDRESS CITY-SY-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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				

11.	I hereby certify that the information supplied with this filing does not quality 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 of powered to execute this report as required by Chapter 608, Florida Statutes.
	minds industry of the received sylvation and report as required by chapter out, horizon statistics.

SIGNATURE:

SIGNATURE AND PYTED OF PRINTED NAME OF SCHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/00/7

Daytime Phone #