

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000028026

**FILED**  
**Jan 25, 2007**  
**Secretary of State**

**Entity Name:** ROBERT'S LAWN CARE, LLC

**Current Principal Place of Business:**

PO BOX 6507  
NAVARRE, FL 32566 US

**New Principal Place of Business:**

1913 RUE LA FOUNTAIN  
NAVARRE, FL 32566 US

**Current Mailing Address:**

PO BOX 6507  
NAVARRE, FL 32566 US

**New Mailing Address:**

**FEI Number:** 20-1201957      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALL FLORIDA FIRM NONLAWYER  
465 S VOLUSIA AVE  
SUITE C  
ORANGE CITY, FL 32763 US

**Name and Address of New Registered Agent:**

ALL FLORIDA FIRM INC.  
465 S VOLUSIA AVE  
SUITE C  
ORANGE CITY, FL 32763 US

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.

SIGNATURE: JAMISON MARK JESSUP SR.

01/25/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STANFORD, ROBERT F  
Address: PO BOX 6507  
City-St-Zip: NAVARRE, FL 32566 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT F STANFORD

MGRM

01/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date