2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Feb 22, 2008 8:00 am
Secretary of State
02-22-2008 90042 032 ***138.75

DOCUMENT # L04000028026

1. Entity Name
ROBERT'S LAWN CARE, LLC

Principal Place of Business
1913 RUE LA FOUNTAIN
NAVARRE FL 32566
US

Mailing Address
PO BOX 6507
NAVARRE FL 32566
US

2. Principal Place of Business - No P.O. Box # 4661 Swamp Creek Ln.
Suite, Apt. #, etc.
City & State Milton Fla.
Zip 32583 Country Santa Rosa

3. Mailing Address P.O. Box 6507
Suite, Apt. #, etc.
City & State Navarre Fla.
Zip 32566 Country Santa Rosa

1st MOORE CR2E083 (10/07)

4. FEI Number 20-1201957 Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
ALL FLORIDA FIRM INC.
465 S VOLUSIA AVE
SUITE C
ORANGE CITY FL 32763

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 Same
Signature, typed or printed name of registered agent and title if applicable (Form Registered Agent Signature required when remaining) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	STANFORD, ROBERT F
STREET ADDRESS	PO BOX 6507
CITY-ST-ZIP	NAVARRE FL 32566

☐ Delete

10. ADDITIONS / CHANGES

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 exemptions contained in Section 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: 1-24-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #