


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90107 011 ****50.00

DOCUMENT # L04000033536	
1. Entity Name CONROY'S TURF, LLC	

Principal Place of Business 17595 SOUTH TAMiami TRAIL <i>1342 Colonial Blvd</i> SUITE 210 K-226 FORT MYERS, FL 33908 US <i>33907</i>	Mailing Address 17595 SOUTH TAMiami TRAIL <i>1342 Colonial Blvd</i> SUITE 210 K-226 FORT MYERS, FL 33908 US <i>33907</i>
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60039288



DO NOT WRITE IN THIS SPACE

02202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
81-0674738

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONROY, JAMES C
~~47595 SOUTH TAMiami TRAIL~~ *1342 Colonial Blvd*
~~SUITE 210~~ *Suite K-226*
FORT MYERS, FL 33908- *Fort Myers, FL 33907*

**DO NOT WRITE
IN THIS SPACE**

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

James C Conroy
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-07

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONROY, JAMES C <i>1342 Colonial Blvd</i> 47595 SOUTH TAMiami TRAIL, SUITE 210 <i>Suite K-226</i> FORT MYERS, FL 33908 <i>33907</i>
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-11-07

Date

(239)6335488

Daytime Phone #