

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90043 040 ****50.00

DOCUMENT # L04000039450

1. Entity Name

WALKES LAWN CARE, LLC



Principal Place of Business

2655 WHIPPLE AVE
ORANGE PARK FL 32073

Mailing Address

2655 WHIPPLE AVE
ORANGE PARK FL 32073



2. Principal Place of Business

Walkers Lawn Care

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 65100

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Orange Park FL

City & State

Zip

Country

32065

4. FEI Number

20-1161165

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, JEREMY T
2655 WHIPPLE AVENUE
ORANGE PARK FL 32073

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME WALKER, JEREMY T
STREET ADDRESS 2655 WHIPPLE AVE
CITY - ST - ZIP ORANGE PARK FL 32073 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE Mgr
NAME Walker, Jeremy T.
STREET ADDRESS P.O. Box 65100
CITY - ST - ZIP Orange Park FL 32065 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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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:

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

Date

Daytime Phone #