

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053406

Entity Name: J & S LAWN MAINTENANCE, LLC

FILED
Mar 01, 2006
Secretary of State

Current Principal Place of Business:

2910 PAINE LANE
ORLANDO, FL 32826

New Principal Place of Business:

41843 ROYAL TRAILS RD
EUSTIS, FL 32736

Current Mailing Address:

2910 PAINE LANE
ORLANDO, FL 32826

New Mailing Address:

41843 ROYAL TRAILS RD
EUSTIS, FL 32736

FEI Number: 20-1387396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORMAN, THOMAS J
2910 PAINE LANE
ORLANDO, FL 32826 US

Name and Address of New Registered Agent:

GORMAN, THOMAS J
41843 ROYAL TRAILS RD
EUSTIS, FL 32736 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: THOMAS J. GORMAN

03/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GORMAN, THOMAS J
Address: 2910 PAINE LANE
City-St-Zip: ORLANDO, FL 32826

Title: MGR () Delete
Name: GORMAN, SHARI L
Address: 2910 PAINE LANE
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GORMAN, THOMAS J
Address: 41843 ROYAL TRAILS RD
City-St-Zip: EUSTIS, FL 32736 US

Title: MGR (X) Change () Addition
Name: GORMAN, SHARI L
Address: 41843 ROYAL TRAILS RD
City-St-Zip: EUSTIS, FL 32736 US

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: THOMAS J. GORMAN

MGR

03/01/2006

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