


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90559 031 ****50.00

DOCUMENT # L04000053851	
1. Entity Name TERRY'S LAWN SERVICE. LLC	

Principal Place of Business 710 MOLINO MEADOWS COURT MOLINO, FL 32577	Mailing Address 710 MOLINO MEADOWS COURT MOLINO, FL 32577
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2. Principal Place of Business 810 Molino Meadows Court	3. Mailing Address 810 Molino Meadows Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Molino, FL.	City & State Molino, FL.
Zip 32577	Zip 32577
Country USA	Country USA

20059819



02232005 Chg-LLC CR2E083 (10/03)

- 6. Name and Address of Current Registered Agent -		- 7. Name and Address of New Registered Agent -	
TERRY, WILLIAM A 710 MOLINO MEADOWS COURT MOLINO, FL 32577		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TERRY, WILLIAM A 710 MOLINO MEADOWS COURT MOLINO, FL 32577 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Terry, William A. 810 Molino Meadows Court Molino, FL. 32577 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William A Terry

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

Date

Daytime Phone #