

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 07, 2007 8:00 am
Secretary of State

09-07-2007 90045 025 ****50.00

DOCUMENT # L04000058042

1. Entity Name

HAROLD & IDA QUEEN LAWN CARE, LLC



Principal Place of Business

929 S.E. DOLPHIN DR.
STUART FL 34996

Mailing Address

PO BOX 2361
HOBE SOUND FL 33475



2. Principal Place of Business - No P.O. Box #

5605 S.E. 47th Ave

3. Mailing Address

Suite, Apt. #, etc.

Stuart, FL 34997

Suite, Apt. #, etc.

City & State

34997 U.S.A.

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (4/07)

4. FEI Number

87-0729769

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUEEN, IDA L
929 S.E. DOLPHIN DR.
STUART FL 34996

7. Name and Address of New Registered Agent

Name IDA L. Queen

Street Address (P.O. Box Number is Not Acceptable)

5605 S.E. 47th Ave

Stuart, FL 34997

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 role if applicable

(NOTE: Registered Agent signature required when certifying)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME QUEEN, IDA L
STREET ADDRESS PO BOX 2361
CITY-ST-ZIP HOBE SOUND FL 33475

TITLE MGR ☐ Delete
NAME QUEEN, HAROLD JR
STREET ADDRESS PO BOX 2361
CITY-ST-ZIP HOBE SOUND FL 33475

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #