

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000072442

1. Entity Name

UPTON'S CLEANING & LAWN CARE, LLC



Principal Place of Business
2614 MOUND AVE.
PANAMA CITY FL 32405

Mailing Address
2614 MOUND AVE.
PANAMA CITY FL 32405

2. Principal Place of Business

↑
Same

3. Mailing Address

↑
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number
52-2446891

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UPTON, PETE
2614 MOUND AVE.
PANAMA CITY FL 32405

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

Pete Upton

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

2-2-06

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
UPTON, PETE
2614 MOUND AVE.
PANAMA CITY FL 32405 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
1100000424335
02/18/06-80046-005 55.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
UPTON, TRACEY M
2614 MOUND AVE.
PANAMA CITY FL 32405 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
UPTON, STEVEN J
2614 MOUND AVE.
PANAMA CITY FL 32405 ☐ Delete

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

TITLE
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☐ 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:

Pete Upton

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

Date

Daytime Phone #

2-2-06 850-872-37