

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080860

FILED  
Sep 15, 2006  
Secretary of State

**Entity Name:** RICHARDSON'S REPAIR & LAWN CARE LLC

**Current Principal Place of Business:**

6805 AVENIDA DE GALVEZ  
NAVARRE, FL 325668922

**New Principal Place of Business:**

**Current Mailing Address:**

6805 AVENIDA DE GALVEZ  
NAVARRE, FL 325668922

**New Mailing Address:**

**FEI Number:** 13-1587857      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RICHARDSON, JEFFREY L  
6805 AVENIDA DE GALVEZ  
NAVARRE, FL 325668922 US

**Name and Address of New Registered Agent:**

ALL FLORIDA FIRM NONLAWYER  
465 S VOLUSIA AVE  
SUITE C  
ORANGE CITY, FL 32763 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:** DEVIN NEWMAN- ASSISTANT SECRETARY

09/15/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** RICHARDSON, JEFFREY L  
**Address:** 6805 AVENIDA DE GALVEZ  
**City-St-Zip:** NAVARRE, FL 325668922

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** JEFFREY L RICHARDSON

MGR

09/15/2006

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