


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000006113</b> 1. Entity Name <b>DEASON LAWN CARE LLC</b>	
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Principal Place of Business <b>20484 SE THOMAS LEATH AVE BLOUNTSTOWN, FL 32424</b>	Mailing Address <b>20484 SE THOMAS LEATH AVE BLOUNTSTOWN, FL 32424</b>
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**DO NOT WRITE IN THIS SPACE**



04212008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>59-3297942</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DEASON, ROBERT W JR  
20484 SE THOMAS LEATH AVE  
BLOUNTSTOWN, FL 32424**

**DO NOT WRITE  
IN THIS SPACE**

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 *Robert W Deason Jr* **Robert W Deason Jr** 4/24/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEASON, ROBERT W JR 20484 SE THOMAS LEATH AVE BLOUNTSTOWN, FL 32424
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05/21/08-80112-001 143.75

**DO NOT WRITE  
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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 606, Florida Statutes.

SIGNATURE: *Robert W Deason Jr* **Robert W. Deason Jr** 4/24/08 850-674-8956  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #