

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 8:04



DOCUMENT # L05000006418

1. Entity Name
THE LAWN HEADQUARTERS, LLC

Principal Place of Business
2215 NE 181ST PLACE
GAINESVILLE, FL 32609

Mailing Address
2215 NE 181ST PLACE
GAINESVILLE, FL 32609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102006 Chg-LLC CR2E083 (11/05)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRY, MARVIN L JR
200 NE 1ST STREET
SUITE 101
GAINESVILLE, FL 32601

7. Name and Address of New Registered Agent

Name

Victor Valentine

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

2215 NE 181st PL

City

Gainesville

FL

Zip Code

32609

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/20/06

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
VALENTINE, VICTOR
2215 NE 181ST PLACE
GAINESVILLE, FL 32609

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

04/25/06 90019 027 \$50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
LEWIS, DEMETRIUS
4260 SE 10TH PLACE APT. 223
GAINESVILLE, FL 32641

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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 608, Florida Statutes.

SIGNATURE:

[Signature]

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

4/20/06

Date

Daytime Phone #

The Lawn Headquarters

P.O. Box 5272
Gainesville, Florida 32627
lawnhdqtrs@cox.net

(352)231-2564/Shakesa Valentine
(352)213-4190/Victor Valentine

January 2, 2007

Department of State Division of Corporations/Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314

Department of State Division of Corporations
Corporate filings

P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

Per the request of our phone conversation on 12/28/2006, Our records indicate that The Lawn Headquarters never received a letter of any matter from the Florida Department of State Division Of Corporations. On 5/1/2006 check number 1059 for \$50.00 was cashed by your office. If there are any additional questions or comments please call or contact our office at any of the information listed above.

Sincerely,

Shakesa Valentine
Office Manager/The Lawn Headquarters