

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006418

FILED
Apr 09, 2007
Secretary of State

Entity Name: THE LAWN HEADQUARTERS, LLC

Current Principal Place of Business:

2215 NE 181ST PLACE
GAINESVILLE, FL 32609

New Principal Place of Business:

1627 NE 40 PL
GAINESVILLE, FL 32609

Current Mailing Address:

2215 NE 181ST PLACE
GAINESVILLE, FL 32609

New Mailing Address:

1627 NE 40 PLACE
GAINESVILLE, FL 32609

FEI Number: 20-2194659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALENTINE, VICTOR
2215 NE 181ST PL
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

VALENTINE, VICTOR
1627 NE40 PL
GAINESVILLE, FL 32609 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:

04/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VALENTINE, VICTOR
Address: 2215 NE 181ST PLACE
City-St-Zip: GAINESVILLE, FL 32609

Title: MGRM () Delete
Name: LEWIS, DEMETRIUS
Address: 4260 SE 10TH PLACE APT. 223
City-St-Zip: GAINESVILLE, FL 32641

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VALENTINE, VICTOR
Address: 1627 NE 40 PLACE
City-St-Zip: GAINESVILLE, FL 32609

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: VICTOR VALENTINE

MGRM

04/09/2007

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