


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 14, 2007 8:00 am**  
**Secretary of State**

08-14-2007 90026 046 \*\*\*\*50.00

|   |  |                                 |   |   |   |
|---|--|---------------------------------|---|---|---|
| <b>DOCUMENT # L05000007457</b>  |  |                                 |   |  |   |
| <b>1. Entity Name</b><br>PRO-CARE LAWN SERVICE LLC  |  |                                 |   |   |   |
| <b>Principal Place of Business</b><br>2510 STATE AVE<br>PANAMA CITY, FL 32405 US  |  |                                 | <b>Mailing Address</b><br>P O BOX 524<br>LYNN HAVEN, FL 32444 US                  |   |   |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>       |   |   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.             |   |   |   |
| City & State  |  | City & State                    |   |   |   |
| Zip   | Country  | Zip                             | Country   | <b>4. FEI Number</b><br>61-1482344  |   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |                                 |   | <b>\$5.00 Additional Fee Required</b>   |   |
| <b>6. Name and Address of Current Registered Agent</b>  |  |                                 | <b>7. Name and Address of New Registered Agent</b>                                |   |   |
| HICKS, GEORGE<br>2510 STATE AVE<br>PANAMA CITY, FL 32405  |  |                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |   |
| <b>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.</b>  |  |                                 |   |   |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |                                 |   |   |   |
| <b>Filing Fee is \$50.00 Due by September 14, 2007</b>  |  |                                 | <b>Make check payable to Florida Department of State</b>                          |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |                                 | <b>10. ADDITIONS/CHANGES</b>  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>HICKS, GEORGE<br>2510 STATE RD<br>PANAMA CITY, FL 32405  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>HICKS, Joshua<br>2510 STATE AVE<br>PANAMA CITY, FL 32405 | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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.</b> |  |                                 |   |   |   |
| <b>SIGNATURE:</b> <i>George Hicks</i>   |  |                                 |   |   | 850-596-6187  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |                                 |   |   | Date Daytime Phone #  |



08112007 Chg-LLC CR2E083 (12/06)