


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90200 044 ****50.00

DOCUMENT # L05000009176 1. Entity Name LAWN TEK LLC					
Principal Place of Business 3093 N. BUTLER ROAD CRESTVIEW, FL 32539			Mailing Address 3093 N. BUTLER ROAD CRESTVIEW, FL 32539		
2. Principal Place of Business - No P.O. Box # 3080 N. OAK ST.		3. Mailing Address 3080 N. OAK ST.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Crestview FL		City & State CRESTVIEW, FL		4. FEI Number 20-4519510	
Zip 32539		Country OKLAHOMA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32539		Country OKLAHOMA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent OVERLY, BRADLEY S 3093 N. BUTLER ROAD CRESTVIEW, FL 32539				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3080 N. OAK ST. City CRESTVIEW FL Zip Code 32539	
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  3-23-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OVERLY, BRADLEY S 3093 N. BUTLER ROAD - Chg. CRESTVIEW, FL 32539	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3080 N. OAK ST. Crestview, FL 32539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			BRADLEY S. OVERLY OWNER		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 3-23-07 Daytime Phone # 850-865-3266		