## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT #1.05000011251



FILED Apr 17, 2006 8:00 am Secretary of State

1. Entity Name ABC LAWN CARE, LLC							04-17-2006 90	0038 04:	5 ****50.0	00
Principal Place of Business 12412 CASTLEMAIN TRAIL ORLANDO, FL 32828			Mailing Address 12412 CASTLEMAIN TRAIL ORLANDO, FL 32828							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062006	Chg-LLC	CR2E0	083 (11/05)			
City & State		City & State			4. FEI Numbe	90428		_ <del>                                    </del>	pplied For ot Applicable	
Zip Country		Zip	Country			of Status Desired		\$5.00 Add Fee Required		
6. Name and Address of Current Registered Agent					Nama	7. Name and	Address of New Ro	egistered a	Agent	
CLARK, CAROLEITHA 12412 CASTLEMAIN TRAIL			Name Street Address (I			P.O. Box Numbe	er is Not Acceptable	)		
ORLANDO, FL 32828							· · · · · · · · · · · · · · · · · · ·			
					City			FL	Zip Code	е
	named entitions of regis		the purpose of changing its	registere	ed office or register	ed agent, or bot	h, in the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE .	Signature, lyped	or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered	d Agent signature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006								-		
Fi De	iling Fee ue by Ma	is \$50.00 y 1, 2006							ayable to ent of State	e
9.	iling Fee ue by Ma	is \$50.00 y 1, 2006 MANAGING MEMBER	RS/MANAGERS	10.				Departm	ent of State	<b>e</b>
D	iling Fee ue by Ma	y 1, 2006	RS/MANAGERS	10. Trīle			Florida	Departm	ent of State	Addition
9. TITLE NAME	MGRM CLARK, C	y 1, 2006  MANAGING MEMBER  CAROLEITHA		TITLE NAMI	E		Florida	Departm	ent of State	
9.  TITLE  NAME  STREET ADDRESS	MGRM CLARK, 0	MANAGING MEMBER CAROLEITHA ASTLEMAIN TRAIL		TITLE NAMI STRE	ET ADDRESS		Florida	Departm	ent of State	
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I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutés. 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: Caroleitha Clark
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-7-06 407-208-0575

Daytime Phone #