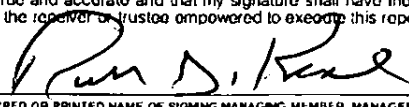


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2007 8:00 am
Secretary of State

02-14-2007 90221 006 ****50.00

2/1

DOCUMENT # L05000015181 1. Entity Name KEENE LAWN CARE LLC					
Principal Place of Business 411 FLORIDA AVE. WINTER GARDEN FL 34787			Mailing Address 411 FLORIDA AVE. WINTER GARDEN FL 34787		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 26-5718101	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent KEENE, RUSSELL D 411 FLORIDA AVE. WINTER GARDEN FL 34787				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$5.00 Additional Fee Required	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM KEENE, RUSSELL D 411 FLORIDA AVE. WINTER GARDEN FL 34787			☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP				☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  3/3/07 407-877-7378 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE					