

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # L05000021413

1. Entity Name
EXCLUSIVE LAWN & LANDSCAPE, LLC



Principal Place of Business

155 S.W. 53RD ST
CAPE CORAL, FL 33914

Mailing Address

PO BOX 152269
CAPE CORAL, FL 33915



01312007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2425589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000760111
05/24/07-80069-012 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------|
| TITLE | MGR |
| NAME | LUTTON, BARRY |
| STREET ADDRESS | 155 S.W. 53RD ST |
| CITY-STATE-ZIP | CAPE CORAL, FL 33914 |
| TITLE | ST |
| NAME | LUTTON, BARRY |
| STREET ADDRESS | 155 S.W. 53RD ST |
| CITY-STATE-ZIP | CAPE CORAL, FL 33914 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-31-07 239-823-9756