


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000024225

1. Entity Name
PROFESSIONAL LAWN CARE AND LANDSCAPING OF NORTH FLORIDA, LLC



Principal Place of Business Mailing Address
12174 TURKEY ROOST RD **12174 TURKEY ROOST RD**
TALLAHASSEE, FL 32317 **TALLAHASSEE, FL 32317**

DO NOT WRITE IN THIS SPACE



04252008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 43-2076357	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MOULTON, RICHARD K
12174 TURKEY ROOST RD
TALLAHASSEE, FL 32317

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008. Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOULTON, RICHARD K 12174 TURKEY ROOST RD TALLAHASSEE, FL 32317
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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: *Richard K. Moulton* *4/29/08* *(850) 528-7222*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #