

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041907

FILED
Apr 13, 2008
Secretary of State

Entity Name: PADGETT LAWN CARE LLC

Current Principal Place of Business:

8950 E. HWY. 27
PERRY, FL 32347

New Principal Place of Business:

Current Mailing Address:

8950 E. HWY. 27
PERRY, FL 32347

New Mailing Address:

FEI Number: 76-0790204 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PADGETT, TIFFANEE
8950 E HWY 27
PERRY, FL 32347 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PADGETT, GLEN
Address: 8950 E. HWY. 27
City-St-Zip: PERRY, FL 32347

Title: MGRM () Delete
Name: PADGETT, TIFFANEE
Address: 8950 E. HWY. 27
City-St-Zip: PERRY, FL 32347

Title: MGRM () Delete
Name: PADGETT, LOGAN
Address: 8950 E. HWY. 27
City-St-Zip: PERRY, FL 32347

Title: MGRM () Delete
Name: PADGETT, DUSTY
Address: 8950 E. HWY. 27
City-St-Zip: PERRY, FL 32347

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIFFANEE PADGETT

MGRM

04/13/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date