

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 09, 2008 8:00 am
Secretary of State

09-09-2008 90032 007 ***144.75

DOCUMENT # L05000044186

1. Entity Name
**CHRIS BEST LAWN & PRESSURE CLEANING SERVICE
"LLC"**



Principal Place of Business

**6117 NW 67TH AVE
OCALA, FL 34482**

Mailing Address

**6117 NW 67TH AVE
OCALA, FL 34482**

50010261



09042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2780580

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEST, CHRISTOPHER
6117 NW 67TH AVE
OCALA, FL 34482**

**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

(NOTE: Registered Agent signature required when reinstating)

9-4-08

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
CHRISTOPHER BEST
6117 N.W. 67TH AVE.
OCALA, FL 34482**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

9-4-08

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

Date

Daytime Phone #