2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000045858

1. Entity Name

SOUTHERN LAWN CARE LLC

Principal Place of Business

Mailing Address

5810 LAURELWOOD DR. CRESTVIEW, FL 32539 U 5810 LAURELWOOD DR. CRESTVIEW, FL 32539 US FILED
Mar 29, 2007 08:00 AM
Secretary of State



03192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicabl
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

WHITE, SHEILA 5810 LAURELWOOD DR. CRESTVIEW, FL 32539

9.

CITY-ST-ZIP

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 the above named entry submits this statement for the purpose of chit the obligations of registered agent. 	anging its registered diffice or registered agent, or bo	un, in the State of Piorida.	i am iamiliar with, and i	accept
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

	MANUACINE INCIDENTAL I
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, RONDAL R MGRM 5810 LAURELWOOD DR. CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, SHEILA A MGRM 5810 LAURELWOOD DR. CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	

MANAGING MEMBERS/MANAGERS

U00000682818 04/05/07-80019-006 50.00

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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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

GIGNATURE: Shella A. White She

3/27/87 850-682-3098

Daytime Phone #