

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057053

FILED
Apr 10, 2007
Secretary of State

Entity Name: LAWNSCAPES OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

2090 WEST ATMORE CIRCLE
DELTONA, FL 32725

New Principal Place of Business:

113 WEST WASHINGTON AVE
DELAND, FL 32720

Current Mailing Address:

2090 WEST ATMORE CIRCLE
DELTONA, FL 32725

New Mailing Address:

113 WEST WASHINGTON AVE
DELAND, FL 32720

FEI Number: 03-0564120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESSARD, STEVEN
2090 W. ATMORE CIRCLE
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

LESSARD, STEVEN
113 WEST WASHINGTON AVE
DELAND, FL 32720 US

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: _____

04/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LESSARD, STEVEN
Address: 2090 WEST ATMORE CIRCLE
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LESSARD, STEVEN
Address: 113 WEST WASHINGTON AVE
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN L LESSARD

MGR

04/10/2007

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