

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000070886

1. Entity Name  
ST. AMOUR'S LAWN CARE, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:07

Principal Place of Business  
PO BOX 621404  
OVIEDO, FL 32762

Mailing Address  
PO BOX 621404  
OVIEDO, FL 32762

2. Principal Place of Business  
100 station st

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



07072006 Chg-LLC CR2E083 (11/05)

City & State  
OVIEDO, FL

City & State

4. FEI Number

Applied For  
Not Applicable

Zip  
32765

Country  
Seminoles

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARL A. BURGUNDER, ATTORNEY AT LAW, P.L.  
830 EYRIE DR.  
6C  
OVIEDO, FL 32765

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 September 6, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ST. AMOUR, MICHAEL  
PO BOX 621404  
OVIEDO, FL 32762

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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: Michael St. Amour

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

Date

Daytime Phone #