

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 25, 2006 8:00 am**  
**Secretary of State**

08-25-2006 90050 005 \*\*\*\*55.00

**DOCUMENT # L05000074956**

1. Entity Name  
**NEW IMAGE LAWN, LLC**



Principal Place of Business  
**4160 E FARGO LANE  
HERNANDO, FL 34442 US**

Mailing Address  
**4160 E FARGO LN  
HERNANDO, FL 34442 US**

2. Principal Place of Business  
**61 N FLORIDA AVE**

3. Mailing Address  
**61 N FLORIDA AVE**

Suite, Apt. #, etc.

08082006 Chg-LLC CR2E083 (11/05)

City & State  
**INVERNESS FL**

City & State  
**INVERNESS FL**

4. FEI Number  
**20-1537706**

Zip  
**34453**

Country  
**USA**

Zip  
**34453**

Country  
**USA**

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

**GLOVER, BYRON S  
4160 E FARGO LANE  
HERNANDO, FL 34442**

Name  
**GLOVER, BYRON SCOTT**

Street Address (P.O. Box Number is Not Acceptable)  
**1490 N POPCORN PT**

City  
**INVERNESS**

FL Zip Code  
**34453**

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 **Byron Scott Glover** **BYRON SCOTT GLOVER** **8/24/06**  
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	MGRM	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOODWIN, BRETT A			NAME			
STREET ADDRESS	P.O BOX 945			STREET ADDRESS			
CITY-ST-ZIP	HIGHSPRINGS, FL 32655			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	MGRM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLOVER, APRIL M			NAME	GLOVER, APRIL M.		
STREET ADDRESS	4160 E FARGO LN			STREET ADDRESS	1490 N POPCORN PT		
CITY-ST-ZIP	HERNANDO, FL 34442			CITY-ST-ZIP	INVERNESS, FL 34453		
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	MGR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLOVER, BYRON SCOTT			NAME	GLOVER, BYRON SCOTT		
STREET ADDRESS	4160 E FARGO LN			STREET ADDRESS	1490 N POPCORN PT		
CITY-ST-ZIP	HERNANDO, FL 34442			CITY-ST-ZIP	INVERNESS, FL 34453		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: **Byron Scott Glover** **BYRON SCOTT GLOVER** **8/24/06** **352-344-4375**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #