


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90005 020 ****55.00

DOCUMENT # L05000078703
 1. Entity Name
PRO CUT LAWN CARE LLC



Principal Place of Business
186 GULF CLUB LANE APT B
VENICE FL 34293

Mailing Address
186 GULF CLUB LANE APT B
VENICE FL 34293



2. Principal Place of Business
3231 NOCTURNE RD.
 Suite, Apt. #, etc.

3. Mailing Address
3231 NOCTURNE RD.
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State
VENICE FL.

City & State
VENICE FL.

Zip
34293 Country
USA

Zip
34293 Country
USA

4. FEI Number
61-1490749

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
RANEY, SHAWN M
186 GULF CLUB LANE APT B
VENICE FL 34293

7. Name and Address of New Registered Agent
 Name **SHAWN M. RANEY**
 Street Address (P.O. Box Number is Not Acceptable)
3231 NOCTURNE RD.
 City **VENICE** FL Zip Code **34293**

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) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	RANEY, SHAWN M	186 GULF CLUB LANE APT B	VENICE FL 34293	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	SHAWN M. RANEY	3231 NOCTURNE RD.	VENICE, FL 34293	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Shawn Raney* **SHAWN RANEY** **2-24-06** **941-993-5952**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #