

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079730

FILED  
Sep 01, 2006  
Secretary of State

**Entity Name:** FLORENCE VILLA CDC LAWN CARE SERVICES, LLC

**Current Principal Place of Business:**

111 AVE. R. N.E.  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

111 AVE. R. N.E.  
WINTER HAVEN, FL 33881

**New Mailing Address:**

**FEI Number:** 20-3294459      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CEDRIC E. LEWIS & ASSOCIATES, P.A.  
332 THIRD STREET, N.E.  
WINTER HAVEN, FL 33881      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FLORENCE VILLA COMMU, NITY DEVELOPME N T CORP.  
Address: 111 AVE. R. N.E.  
City-St-Zip: WINTER HAVEN, FL 33881

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD ( ) Change (X) Addition  
Name: STATON, JACQUELINE  
Address: PO BOX 3626  
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: SD ( ) Change (X) Addition  
Name: ROBINSON, ELEASE  
Address: 2240 5TH STREET NE  
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: TD ( ) Change (X) Addition  
Name: SMITH, HIGHLAND  
Address: PO BOX 2793  
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: PD ( ) Change (X) Addition  
Name: HOWELL, GWENDOLYN  
Address: 1712 BROXEY COURT  
City-St-Zip: WINTER HAVEN, FL 33881 US

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: JACQUELINE STATON

PD

09/01/2006

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