2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000092473

1. Entity Name ¹

GLEÁSON LAWN & LANDSCAPE, LLC



Principal Place of Business

Mailing Address

5235 NE 3RD STREET OCALA, FL 34470 5235 NE 3RD STREET OCALA, FL 34470

FILED Jul 14, 2008 8:00 am Secretary of State

07-14-2008 90096 015 ***138.75

60044686



05102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-3497431	 	Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

GLEASON, MICHAEL THOMAS JR 5235 NE 3RD STREET OCALA, FL 34470

DO NOT WRITE IN THIS SPACE

5-10-08

Devime Phone #

	, ****		l		
8. The above the obligat	named entity submits this statement for the purpose of clions of registered agent.	changing its registere	ed office or regi	istered agent, or both, in the State of Florida. I am familiar with	, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registere	d Agent signature rec	quired when reinstating) DATE	
F1LI Due	E NOWIII FEE IS \$338.75 ★ 138.75 by September 12, 2008	NOTICE	NOT	RECIEVED	
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLEASON, MICHAEL THOMAS JR 5235 NE 3RD STREET OCALA, FL 34470				
THTLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					į

11. I hereby certify that the information supplied with this filing does not qualify to 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE