

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-09-2006 90151 010 ****55.00

DOCUMENT # L05000094562

1. Entity Name

CHOICE LAWN CARE OF PALM BEACH LLC



Principal Place of Business

6266 C. DURHAM DR
LAKE WORTH FL 33467

Mailing Address

6266 C. DURHAM DR
LAKE WORTH FL 33467

2. Principal Place of Business

Same AS Above

3. Mailing Address

Same AS Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Palm Beach

Zip

Country

Palm Beach

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-3529955

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VIGILANTE, IVAN
6266 C. DURHAM DR
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name IVAN VIGILANTE

Street Address (P.O. Box Number is Not Acceptable)
6266 C. DURHAM DR

LAKE WORTH

City

LAKE WORTH

FL

Zip Code

33467

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

Ivan Vigilante

(NOTE: Registered Agent signature required when reinstating)

1/29/06

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 MGRM ☐ Delete
NAME VIGILANTE, IVAN
STREET ADDRESS 6266 C. DURHAM DR
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE MGRM ☒ Delete
NAME SIMERMEYER, CHRISTINE
STREET ADDRESS 11441 MANATEE BAY LANE
CITY-ST-ZIP WELLINGTON FL 33467

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #