


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 08, 2006 8:00 am
Secretary of State

09-08-2006 90044 001 ****55.00

DOCUMENT # L05000101759	
1. Entity Name GRASS KICKIN' LAWN SERVICE LLC	

Principal Place of Business PO BOX 1764 CITRUS SPRINGS FL 34430 US	Mailing Address PO BOX 1764 CITRUS SPRINGS FL 34430 US
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2. Principal Place of Business PO BOX 6408166	3. Mailing Address PO BOX 6408166
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E083 (4/06)

City & State Beverly Hills FL	City & State Beverly Hills FL
Zip 34464	Zip 34464
Country US	Country US

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PONTICELLI, DEANNA 8064 N. TINY LILY DR CITRUS SPRINGS FL 34434	7. Name and Address of New Registered Agent Name Keri DeFranzo Street Address (P.O. Box Number is Not Acceptable) 2390 W. Tall Oaks Dr. City Beverly Hills FL Zip Code 34465
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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  **Keri DeFranzo MGRM** **9-4-06**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PONTICELLI, DEANNA 8064 N. TINY LILY DR CITRUS SPRINGS FL 34434 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DeFranzo Keri 2390 W. Tall Oaks Dr Beverly Hills FL 34465 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Keri DeFranzo MGRM** **9-4-06** **1-352-527-8876**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #