

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90036 023 \*\*\*\*50.00

**DOCUMENT # L05000104640**

1. Entity Name

**NEW DEAL LANDSCAPE AND LAWN SERVICE LLC**



Principal Place of Business

**631 CHANCEY LANE  
TALLAHASSEE FL 32308**

Mailing Address

**631 CHANCEY LANE  
TALLAHASSEE FL 32308**



2. Principal Place of Business

**631 Chancey Lane**

Suite, Apt. #, etc.

3. Mailing Address

**631 Chancey Lane**

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

**Tallahassee, FL**

City & State

**Tallahassee, FL**

4. FEI Number

**13-4312079**

Applied For

Not Applicable

Zip

**32308**

Country

**USA**

Zip

**32308**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GAINOUS, FRED  
631 CHANCEY LANE  
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name **Fred Gainous**

Street Address (P.O. Box Number is Not Acceptable)

**631 Chancey Lane**

**Tallahassee**

City

**FL**

Zip Code

**32308**

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

**Fred Gainous**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-18-06**

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 **GAINOUS, FRED**  
STREET ADDRESS **631 CHANCEY LANE**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

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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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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

**Fred Gainous**

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

**1-18-06**

Date

**(850) 459-4726**

Daytime Phone #