


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90360 017 ****50.00

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| DOCUMENT # L05000105439 1. Entity Name PERFECTION LAWN SERVICES, LLC | | | |  | |
| Principal Place of Business 1800 LITTLETON CIRCLE TALLAHASSEE, FL 32308 | | | Mailing Address 1800 LITTLETON CIRCLE TALLAHASSEE, FL 32308 | | |
| 2. Principal Place of Business - No P.O. Box # 9089 FOXWOOD DR S | | 3. Mailing Address 9089 FOXWOOD DR S | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State TALLAHASSEE, FL | | City & State TALLAHASSEE, FL | | 4. FEI Number 20-3695285 | |
| Zip 32308 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 32308 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SAXON ACCOUNTING & CONSULTING INC 1154 GOVERNORS COURT PLACE TALLAHASSEE, FL 32301 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGMG HANCOCK, MICHAEL W JR 1800 LITTLETON CIRCLE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGMG HANCOCK, MICHAEL W JR 9089 FOXWOOD DR S TALLAHASSEE, FL 32308 <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: _____ | | | Date 1/26/07 Daytime Phone # 850-942-6151 | | |