

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000114103

1. Entity Name

ALL ABOUT YOUR LAWN, LLC



Principal Place of Business

456 NEW LIGHT CHURCH ROAD
CRAWFORDVILLE FL 32327
US

Mailing Address

456 NEW LIGHT CHURCH ROAD
CRAWFORDVILLE FL 32327
US

2007 SEP 20 PM 1:59



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

Crawfordville FL

City & State

Zip 32327

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

Crawfordville FL

City & State

Zip 32327

Country

USA

2nd MOORE

CR2E083 (4/07)

4. FEI Number

76-0807065

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAKER, CHERYL L
456 NEW LIGHT CHURCH ROAD
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name

Daniel B. Quackenbush

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

319 Quail run

City

Crawfordville

FL

Zip Code

32327

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

Daniel B. Quackenbush

9-12-07

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 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	BAKER, CHERYL L	
STREET ADDRESS	456 NEW LIGHT CHURCH ROAD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	QUACKENBUSH, DANIEL B	
STREET ADDRESS	456 NEW LIGHT CHURCH ROAD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800109887748	
STREET ADDRESS	09/25/07--01024--015 **50.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Daniel B. Quackenbush

9-12-07

850-509-9144

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

Date

Daytime Phone #