

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000122345

1. Entity Name

FLORIDA LAWN AND PROPERTY LLC



Principal Place of Business

806 PLUM TREE LANE
SARASOTA FL 34243

Mailing Address

806 PLUM TREE LANE
SARASOTA FL 34243



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number: 86-1154959

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, DONALD J
806 PLUM TREE LANE
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Donald J Collins Donald J Collins 4/22/08

Signature, typed or printed name of registered agent and the filer (if filer is not the registered agent)

(NOTE: Registered Agent's name is required when changing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE: MGR
NAME: COLLINS, DONALD J
STREET ADDRESS: 806 PLUM TREE LANE
CITY-ST-ZIP: SARASOTA FL 34243

☐ Delete

10. ADDITIONS / CHANGES

TITLE: ☐ Change ☐ Addition
NAME: 000000920864
STREET ADDRESS: 05/14/08-80062-015 138.75
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
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CITY-ST-ZIP:

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NAME:
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:

Donald J Collins

Signature and typed or printed name of signing managing member, manager, or authorized representative

4/22/08 941-358-8843

Date

Entity Phone #