

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

05-12-2006 90240 010 \*\*\*\*50.00

DOCUMENT # L06000000016

1. Entity Name  
GOLDEN BOY LAWN SERVICE LLC



Principal Place of Business  
6289 DUCWAY ROAD  
JACKSONVILLE, FL 32244

Mailing Address  
6289 DUCWAY ROAD  
JACKSONVILLE, FL 32244

4000111

2. Principal Place of Business  
Florida P.O. Box 440446

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State  
Jax. Florida

Zip Country  
32222 US

01102006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
760812398

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

LESTER, BILLY  
6289 DUCWAY ROAD  
JACKSONVILLE, FL 32244

## 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 *Billy Lester*  
Signature, typed printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME LESTER, BILLY  
STREET ADDRESS 6289 DUCWAY ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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TITLE  
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: *Billy Lester* **BILLY LESTER** 5-9-06 904-6228587  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #