2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000005760

1. Entity Namo

SOUTHWEST LAWN SPRAYING, LLC						03-20-2007 90146 006 ****50.00				
Principal Place of Business		Mailing Address	Mailing Address							
25491 FORTRAN DRIVE PUNTA GORDA FL 33950		25491 FORTRAN DRIVE PUNTA GORDA FL 33950								
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address						1.221 (A 122)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		15	1st MOORE CR2E083 (10/06)				
City & State		City & State		4. FEI Numb	1693	08G	<u> </u>	plied For t Applicable		
Zip	Country	Zip	Country			of Status Dosir	od 🗆	\$5.00 Add	itional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
				Name		<u> </u>				
A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY FL 32351				Street Addre	at Address (P.O. Box Number is Not Acceptable)					
			City		-		FL	Zip Code	э	
	named entity submits this statement for ions of registered agent.	the purpose of changing it	s registere	ed office or rogi	istered agent, or bo	oth, in the State o		familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent a	no the it applicable. (NO	TE: Aegistered	d Agent signature req	pared when renstating)		DATE			
		Make Check Payat	FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department Due By May 1, 2007							
9.	MANAGING MEMBEI	DS (MANAGERS	10.		1	ADDITIO	NS/CHANGES			
			TO.		·	ADDITIO	NO/CHANGES	Change	Addition	
HTLE NAME	MGRM	Delete	NAME					☐ Change	[_] Addition	
STREET ADDRESS	NORTON, RONALD CHARLES 3422 MELISSA COURT			LT ADDRESS						
CITY ST-ZIP	PORT CHARLOTTE FL 33980			SLZIP						
ши	MGRM	☐ Delele	1016					☐ Change	Addition	
NAME.	NORTON, NICOLE MARIE	L Octobe	NAMi					change	L. J Addition	
STREET ADDRESS	3422 MELISSA COURT			ET ADDRISS						
CHY-S1-ZIP	PORT CHARLOTTE FL 33980			-S1-71P						
TITLE		Delete	THU					Change	Addition	
NAME		2000 00	NAM						_	
STREET ADDRESS				FLADDRESS						
CITY S1-ZIP				S1-7IP						
ME		☐ Delele	TITLE					☐ Change	Addition	
NAME			NAM	t				_		
STREET ADORESS			STRE	ET ADDRESS						

11. I horeby 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 eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered prescute this report as required by Chapter 608, Florida Statutes.

CITY-ST ZIP

CITY-S1-ZIP

STREET ADDRESS CHY-SI-7IP

HILL

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS CITY - ST- ZIP

STREET ADDRESS

CITY ST-ZIP

CITY ST ZIP

TIFLE

NAML

11112

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

Delete

☐ Delete

☐ Change

Change

■ Addition

☐ Addition

FILED Mar 20, 2007 8:00 am Secretary of State