

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90157 041 \*\*\*\*50.00

DOCUMENT # L06000016089

1. Entity Name

PAT'S LAWN SERVICE, LLC



Principal Place of Business

1275 BURNWELL RD.  
TALLAHASSEE FL 32317

Mailing Address

1275 BURNWELL RD.  
TALLAHASSEE FL 32317

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

1st MOORE

CR2E083 (10/06)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PINTOVIDAL, PATRICIO E  
1275 BURNWELL RD.  
TALLAHASSEE FL 32317

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

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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM ☐ Delete  
NAME: PINTOVIDAL, PATRICIO E  
STREET ADDRESS: 1275 BURNWELL RD.  
CITY- ST- ZIP: TALLAHASSEE FL 32317

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

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10. ADDITIONS/CHANGES

☐ Change ☐ Addition

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

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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:

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

Date

Daytime Phone #

4-1-07

850/894-5790