

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000018530

**FILED**  
**May 04, 2007**  
**Secretary of State**

**Entity Name:** CHARLIE'S ALL PRO LAWN SERVICE, LLC

**Current Principal Place of Business:**

7205 S.E. 179TH STREET  
HAWTHORNE, FL 32640

**New Principal Place of Business:**

5115 NE CR 1469  
HAWTHORNE, FL 32640

**Current Mailing Address:**

7205 S.E. 179TH STREET  
HAWTHORNE, FL 32640

**New Mailing Address:**

P.O. BOX 726  
MELROSE, FL 32666

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HATCH, CHARLIE  
7205 S.E. 179TH STREET  
HAWTHORNE, FL 32640 US

**Name and Address of New Registered Agent:**

HATCH, CHARLIE  
5115 NE CR 1469  
HAWTHORNE, FL 32640 US

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.

SIGNATURE:

05/04/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HATCH, CHARLIE  
Address: 7205 S.E. 179TH STREET  
City-St-Zip: HAWTHORNE, FL 32640

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HATCH, CHARLIE  
Address: 5115 NE CR 1469  
City-St-Zip: HAWTHORNE, FL 32640

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLIE HATCH

MGR

05/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date