

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000023181

1. Entity Name
SUPERIOR LAWN CARE AND LANDSCAPING L.L.C.



FILED

07 MAR 16 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
13050 FOREST RUN CT.
TALLAHASSEE, FL 32317

Mailing Address
13050 FOREST RUN CT.
TALLAHASSEE, FL 32317

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

1921 Fannie DR.

3. Mailing Address

1921 Fannie DR

Suite, Apt. #, etc.

APT 1

Suite, Apt. #, etc.

APT 1

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

Country

32303

U.S.

Zip

Country

32303

U.S.

03162007 Chg-LLC CR2E083 (12/06)

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

LONG, JOHN MICHAEL
13050 FOREST RUN CT.
TALLAHASSEE, FL 32317

7. Name and Address of New Registered Agent

Name Long, John Michael

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

1921-1 Fannie Dr

City

Tallahassee

FL

Zip Code

32303

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

John Long

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/07

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME LONG, JOHN
STREET ADDRESS 13050 FOREST RUN CT.
CITY-ST-ZIP TALLAHASSEE, FL 32317

10. ADDITIONS/CHANGES

TITLE Mgrm ☒ Change ☐ Addition
NAME Long, John
STREET ADDRESS 1921-1 Fannie Dr,
CITY-ST-ZIP Tall, FL 32303

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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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 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:

John Long

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

3/16/07 (850) 510-1155

Date Daytime Phone #