


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000033065</b> 1. Entity Name <b>ADVANTAGE LAWN MAINTENANCE AND SERVICES LLC</b>	
--	---

Principal Place of Business <b>1039 NE 22ND PLACE OCALA, FL 34470 US</b>	Mailing Address <b>1039 NE 22ND PLACE OCALA, FL 34470 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**



03062008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>77-0657896</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LESLIE, VIRGINIA 1039 NE 22ND PLACE OCALA, FL 34470</b>
---

**DO NOT WRITE IN THIS SPACE**

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: Virginia Leslie DATE: 3/6/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LESLIE, VIRGINIA 1039 NE 22ND PLACE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LESLIE, ERIC 1039 NE 22ND PLACE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000863461  
04/03/08-80092-014 138.75

**DO NOT WRITE IN THIS SPACE**

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: Virginia Leslie DATE: 3/6/08

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

Date

Daytime Phone #