

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90092 010 ****55.00

DOCUMENT # L06000038107		
1. Entity Name BABINE LANDSCAPING & LAWN MAINTENANCE, LLC		
Principal Place of Business 5973 OLD BETHEL ROAD CRESTVIEW FL 32536	Mailing Address 5973 OLD BETHEL ROAD CRESTVIEW FL 32536	
2. Principal Place of Business - No P.O. Box # <i>Same as above</i>	3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	



1st MOORE CR2E083 (10/06)

City & State	City & State	4. FEI Number 76-0827139	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country USA	Zip	Country
6. Name and Address of Current Registered Agent WELTON & WILLIAMSON, LLC 1020 FERDON BLVD. SOUTH CRESTVIEW FL 32536		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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BABINE, MICHAEL 5973 OLD BETHEL ROAD CRESTVIEW FL 32536 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition

I Called about this form and they said to send ASAP. We are new in Business and didn't know about this form or what it is So I am Sending w/ a check. if its not correct Call

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: *Michael P Babine* 6/25/07 (850) 260-3805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #