

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 #

Same as above

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

4. FEI Number

76-0827139

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)



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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BABINE, MICHAEL
5973 OLD BETHEL ROAD
CRESTVIEW FL 32536 ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

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*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*

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

6/25/07 (850) 260-3805

Date

Daytime Phone #