2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000039953

1. Entity Name
MOW-R-MAN, LLC

Principal Place of Business	Mailing Address
4114 SHORECREST DRIVE ORLANDO, FL 32804	4114 SHORECREST DRIVE ORLANDO, FL 32804

DO NOT WRITE IN THIS SPACE

04182008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
75-3218169	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PALMER, DIANE
4114 SHORECREST DRIVE
ORLANDO, FL 32804

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	PALMER, TERRENCE J
STREET ADDRESS	4114 SHORECREST DRIVE
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	MGRM
NAME	PALMER, DIANE
STREET ADDRESS	4114 SHORECREST DRIVE
CITY-ST-ZIP	ORLANDO, FL 32804
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	

U00000942742
05/29/08-80032-014 138.75

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: _Diane Palmer_ MGMR   4/30/08   407-421-6031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #