

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

03-27-2007 90202 031 ****50.00

DOCUMENT # L06000053251

1. Entity Name
YOUR PROFESSIONAL GREENSKEEPER, LLC



Principal Place of Business
**201 CEZANNE CIRCLE
SAINT AUGUSTINE, FL 32095**

Mailing Address
**201 CEZANNE CIRCLE
SAINT AUGUSTINE, FL 32095**

30006123

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-5674197

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, SHELLEY L
201 CEZANNE CIRCLE
SAINT AUGUSTINE, FL 32095**

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 re-registering)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **WILSON, SHELLEY L**
STREET ADDRESS **201 CEZANNE CIRCLE**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32095**

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

TITLE **MGR** ☐ Delete
NAME **WILSON, JASON C**
STREET ADDRESS **201 CEZANNE CIRCLE**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32095**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Jason C. Wilson, Jason C. Wilson 3-20-07 904-813-5461

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

Date

Daytime Phone #