2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# L06000054170

Entity Name: L & S COMPLETE LAWN AND SHRUB CARE OF OSCEOLA, LLC

Current Principal Place of Business:

3560 RAMBLER AVE
ST CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

PO BOX 700097
ST CLOUD, FL 34770

New Mailing Address:

FEI Number: 87-0774064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JARVIS, LEROY E JR
3560 RAMBLER AVE
ST CLOUD, FL 34772 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JARVIS, LEROY E JR
Address: 3560 RAMBLER AVE
City-St-Zip: ST CLOUD, FL 34772

Title: MGRM ( ) Delete
Name: JARVIS, ERIK A
Address: 3560 RAMBLER AVE
City-St-Zip: ST CLOUD, FL 34772

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: CABALLERO, KATHLEEN
Address: 3560 RAMBLER AVE
City-St-Zip: ST. CLOUD, FL 34772

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LEROY E JARVIS JR MGR 01/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date