2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# L06000054488

Entity Name: ADVANCED LAWN CARE LLC

Current Principal Place of Business:

1714 CARVALHO STREET
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

6700 GRAHAM ROAD
FORT PIERCE, FL 34945

Current Mailing Address:

1714 CARVALHO STREET
PORT ST. LUCIE, FL 34983

New Mailing Address:

6700 GRAHAM ROAD
FORT PIERCE, FL 34945

FEI Number: 20-4956944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANGEL, MATTHEW S
1714 CARVALHO STREET
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

LANGEL, JEANNIE L
6700 GRAHAM ROAD
FORT PIERCE, FL 34945 US

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: JEANNIE L LANGEL 01/09/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LANGEL, MATTHEW S
Address: 1714 CARVALHO STREET
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: MGRM (X) Delete
Name: LANGEL, JEANNIE L
Address: 1714 CARVALHO STREET
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LANGEL, JEANNIE L
Address: 6700 GRAHAM ROAD
City-St-Zip: FORT PIERCE, FL 34945

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

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: JEANNIE L LANGEL MGR 01/09/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date