

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000058937

Entity Name
DISTINCTIVE LAWN SERVICE LLC



FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90464 041 ****50.00

Principal Place of Business
708 AVOCADO STREET
ST. CLOUD, FL 34769

Mailing Address
708 AVOCADO STREET
ST. CLOUD, FL 34769

Principal Place of Business - No P.O. Box #
708 Avocado St.
Suite, Apt. #, etc.

3. Mailing Address
708 Avocado St.
Suite, Apt. #, etc.



03122007 Chg-LLC CR2E083 (12/06)

City & State
St. Cloud FL
Zip
34769
Country
USA

City & State
St. Cloud FL
Zip
34769
Country
USA

4. FEI Number
205298184
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RYAN, JAMES DOUG
708 AVOCADO STREET
ST. CLOUD, FL 34769

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Make check payable to
Florida Department of State

MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, JAMES DOUG		NAME		
STREET ADDRESS	708 AVOCADO STREET		STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD, FL 34769		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, JANE M		NAME		
STREET ADDRESS	708 AVOCADO STREET		STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD, FL 34769		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

i. 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 606, Florida Statutes.

SIGNATURE: James D. Ryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-15-07

Date

#407-908-4974

Daytime Phone #