

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90362 015 ****50.00

DOCUMENT # L06000070037

1. Entity Name

LEVERETT'S LAWN CARE AND LANDSCAPING, LLC



Principal Place of Business

Mailing Address

2601 DURANT WOODS ST.
VALRICO FL 33594
US

2601 DURANT WOODS ST.
VALRICO FL 33594
US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

205201340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

LEVERETT, KENNETH E
2601 DURANT WOODS ST.
VALRICO FL 33594

7. Name and Address of New Registered Agent

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 file if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR ☐ Delete
NAME: LEVERETT, KENNETH E
STREET ADDRESS: 2601 DURANT WOODS ST
CITY-ST-ZIP: VALRICO FL 33594

TITLE: MGR ☐ Delete
NAME: LEVERETT, RHONDA J
STREET ADDRESS: 2601 DURANT WOODS ST
CITY-ST-ZIP: VALRICO FL 33594

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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STREET ADDRESS:
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TITLE: ☐ Delete
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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

4/26/07

Date

(813) 924-7795

Daytime Phone #