
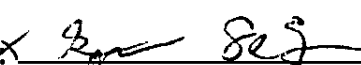


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90348 011 \*\*\*\*50.00

<b>DOCUMENT # L06000075127</b> 1. Entity Name <b>ARTISTIC LAWN CARE, LLC</b>					
Principal Place of Business <b>18800 FURMAN DRIVE</b> <b>SPRING HILL, FL 34610 US</b>			Mailing Address <b>PO BOX 5285</b> <b>HUDSON, FL 34674 US</b>		
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 <b>20-5289560</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>DELONG, STEPHEN W</b> <b>18800 FURMAN DRIVE</b> <b>SPRING HILL, FL 34610</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>DELONG, STEPHEN W</b> <b>PO BOX 5285</b> <b>HUDSON, FL 34674</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE</b>  <b>4-29-07</b> <b>585-2176</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					



04262007 Chg-LLC CR2E083 (12/06) ---

4. FEI Number  
**20-5289560**

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

6. Name and Address of Current Registered Agent  
  
**DELONG, STEPHEN W**  
**18800 FURMAN DRIVE**  
**SPRING HILL, FL 34610**

7. Name and Address of New Registered Agent  
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 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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**Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

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NAME	DELONG, STEPHEN W	
STREET ADDRESS	PO BOX 5285	
CITY - ST - ZIP	HUDSON, FL 34674	

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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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10. ADDITIONS/CHANGES

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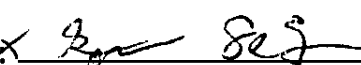
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