

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90164 010 \*\*\*138.75

**DOCUMENT # L06000075127**

1. Entity Name  
**ARTISTIC LAWN CARE, LLC**



Principal Place of Business      Mailing Address  
**18800 FURMAN DRIVE      PO BOX 5285**  
**SPRING HILL, FL 34610 US      HUDSON, FL 34674 US**

**00003991**



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

03252008    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For  
**20-5289560**      Not Applicable

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**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

\_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DELONG, STEPHEN W	
STREET ADDRESS	PO BOX 5285	
CITY-ST-ZIP	HUDSON, FL 34674	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

**SIGNATURE:**       Date **4-12-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Daytime Phone #