


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Sep 13, 2007 8:00 am**  
**Secretary of State**

09-13-2007 90016 022 \*\*\*\*55.00

**DOCUMENT # L06000083916**

1. Entity Name  
**K & T LAWN CARE LLC**



Principal Place of Business  
**937 MARQUEE DR  
 MINNEOLA, FL 34715**

Mailing Address  
**937 MARQUEE DR  
 MINNEOLA, FL 34715**



2. Principal Place of Business - No P.O. Box #  
**937 Marquee DR**  
 Suite, Apt. #, etc.

3. Mailing Address  
**937 Marquee DR**  
 Suite, Apt. #, etc.

07282007 Chg-LLC CR2E083 (12/06)

City & State  
**Minneola, FL**

City & State  
**Minneola, FL**

Zip  
**34715** Country  
**USA**

Zip  
**34715** Country  
**USA**

4. FEI Number  
**20-1268489**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**UDDENBACK-SMIECH, KENNETH A  
 937 MARQUEE DR  
 MINNEOLA, FL 34715**

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 *Kenneth A. Uddenback-Smiech* DATE 9/7/07

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

**Filing Fee is \$50.00  
 Due by September 14, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO UDDENBACK-SMIECH, KENNETH A 937 MARQUEE DR MINNEOLA, FL 34715	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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

SIGNATURE: *Kenneth A. Uddenback-Smiech* DATE 9/7/07 DAYTIME PHONE # 407-247-6407

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