


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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
937 Marquee DR **937 Marquee DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



07282007 Chg-LLC CR2E083 (12/06)

City & State City & State
Minneola, FL **Minneola, FL**
 Zip Country Zip Country
34715 **USA** **34715** **USA**

4. FEI Number Applied For
20-1268489 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
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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