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Secretary of State

05-02-2007 90351 006 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000086939

1. Entity Name
C&C LAWN CARE LLC

20-5729333

04102007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
~~7734 36TH LANE EAST~~	~~7734 36TH LANE EAST~~
~~SARASOTA, FL 34243~~ US	~~SARASOTA, FL 34243~~ US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2003 Mauve Terr	2003 Mauve Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Port FL	City & State: NorthPort FL
~~Zip~~ ~~34285~~ ~~Country~~ Zip 34286	~~Zip~~ ~~34285~~ ~~Country~~ Zip 34286

4. FEI Number: 20-5729333 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GALBRAITH, CHRISTOPHER L	Name: Christopher L Galbraith
7734 36TH LANE EAST	Street Address (P.O. Box Number is Not Acceptable): 2003 Mauve Terr
SARASOTA, FL 34243	City: NorthPort FL Zip Code 34285

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GALBRAITH, CHRISTOPHER L	NAME	
STREET ADDRESS	7734 36TH LANE EAST	STREET ADDRESS	2003 Mauve Terr
CITY-ST-ZIP	SARASOTA, FL 34243	CITY-ST-ZIP	NorthPort FL ~~[illegible]~~ 34286
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: ______________________ X 4-27-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #