

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000096133

1. Entity Name
KNIGHT'S LAWCARE & LANDSCAPING LLC



FILED
08 MAY 12 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4532 CASCADE DR
TALLAHASSEE, FL 32310

Mailing Address
4532 CASCADE DR
TALLAHASSEE, FL 32310

2. Principal Place of Business - No P.O. Box # 2979 Raymond Diehl Rd.
Suite, Apt. #, etc.

3. Mailing Address
2979 Raymond Diehl Rd.
Suite, Apt. #, etc.



05122008 Chg-LLC CR2E083 (12/06)

City & State
Tallahassee Florida

Zip
32309

Country
Leon

4. FEI Number
37-1529606

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
WILLIAMS, FELISHA S
4532 CASCADE DR
TALLAHASSEE, FL 32310

7. Name and Address of New Registered Agent
Name
Felisha S. Williams
Street Address (P.O. Box Number is Not Acceptable)
2979 Raymond Diehl Rd.
City
Tallahassee FL Zip Code
32309

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 _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, FELISHA S 4532 CASCADE DR TALLAHASSEE, FL 32310	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Williams, Felisha S 2979 Raymond Diehl Rd. Tallahassee FL, 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400129481504 05/14/08--01041--015 **138.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: Felisha S. Williams 5-12-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #