

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90183 011 \*\*\*138.75

**DOCUMENT # L06000098970**

1. Entity Name

JOEY'S LAWN SPRAY SERVICE LLC



Principal Place of Business

1048 CHELSEA WAY  
PORT ORANGE, FL 32127

Mailing Address

1048 CHELSEA WAY  
PORT ORANGE, FL 32127

**DO NOT WRITE IN THIS SPACE**



03102008No Chg-LLC

CR2E083 (12/07)

4. FEI Number

20-5690086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ADAIR, MELODY H  
1500 BEVILLE RD  
STE 606-322  
DAYTONA BEACH, FL 32114

**DO NOT WRITE  
IN THIS SPACE**

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**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
LINDMEIER, JOSEPH KENNETH  
1048 CHELSEA WAY  
PORT ORANGE, FL 32127

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
LINDMEIER, JOSEPH KENNETH  
1048 CHELSEA WAY  
PORT ORANGE, FL 32127

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NAME  
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CITY - ST - ZIP

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IN THIS SPACE**

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:**

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

Date

Daytime Phone #

*Joseph K. Lindmeier, MGR*

*3/10/08*

*(386) 566-5570*