



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90202 031 \*\*\*\*50.00

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # L06000099156</b><br>1. Entity Name<br><b>NORTH FLORIDA LAWN CARE, LLC</b>  |   |  |   |   |  |
| Principal Place of Business<br><b>2740 OAKLEIGH COURT<br/>TALLAHASSEE, FL 32312</b>  |   |  | Mailing Address<br><b>2740 OAKLEIGH COURT<br/>TALLAHASSEE, FL 32312</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>Same as above</b>   |   | 3. Mailing Address<br><b>Same as above</b>                   |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |  |  |
| City & State   |   | City & State   |   | 01272007    Chg-LLC    CR2E083 (12/06)   |  |
| Zip  |   | Country  |   | 4. FEI Number<br><b>20-5688364</b>   |  |
| Zip  |   | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TEMPLES, JONATHAN<br/>2740 OAKLEIGH COURT<br/>TALLAHASSEE, FL 32312</b>  |   |  |   | 7. Name and Address of New Registered Agent<br>Name<br><b>Same</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>* Signature, typed or printed name of registered agent and title if applicable.</small>   |   |  |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   | <b>Make check payable to<br/>Florida Department of State</b> |   |  |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>  |   |  | <b>10. ADDITIONS / CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>TEMPLES, JAMIE<br>2740 OAKLEIGH COURT<br>TALLAHASSEE, FL 32312 <div style="text-align: right;"><input type="checkbox"/> Delete</div>    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>SCHUL, EDWARD A JR.<br>2740 OAKLEIGH CT.<br>TALLAHASSEE, FL 32312 <div style="text-align: right;"><input type="checkbox"/> Delete</div> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>TEMPLES, JONATHAN<br>2740 OAKLEIGH CT.<br>TALLAHASSEE, FL 32312 <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>   |  |
| 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. |   |  |   |  |  |
| <b>SIGNATURE:</b>   |   |  | 1/26/07    850-510-1167   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |  | <small>Date    Daytime Phone #</small>                                  |  |  |