

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90031 003 ****50.00

DOCUMENT # L06000099771

1. Entity Name
J & R ARTISTIC LAWN SERVICE LLC



Principal Place of Business
~~2218 SE 18TH PLACE~~
CAPE CORAL, FL 33990

Mailing Address
~~2218 SE 18TH PLACE~~
CAPE CORAL, FL 33990

2. Principal Place of Business - No P.O. Box #
2225 SE 18th Ave.

3. Mailing Address
2225 SE 18th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cape Coral FL

City & State
Cape Coral FL

Zip
33990

Country
US

Zip
33990

Country
US

01082007 Chg-LLC CR2E083 (12/06)

4. FEI Number
38-3743128

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

~~DALBY, GAIL~~
~~2218 SE 18TH PLACE~~
CAPE CORAL, FL 33990

Name
John Valdes

Street Address (P.O. Box Number is Not Acceptable)

2225 SE 18th Ave

City
Cape Coral

FL

Zip Code
33990

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
~~DALBY, GAIL P~~
2218 SE 18TH PLACE
CAPE CORAL, FL 33990 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
~~DALBY, ROBERT N~~
2218 SE 18TH PLACE
CAPE CORAL, FL 33990 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
VALDES, JOHN
2225 SE 18TH AVENUE
CAPE CORAL, FL 33990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRISKIN, ROBIN
2225 SE 18TH AVENUE
CAPE CORAL, FL 33990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

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

Date

Daytime Phone #

1/10/07 239-275-7166