2007 LIMITED LIABILITY COMPANY

Feb 12, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L06000100992 02-12-2007 90300 045 ****55.00 HARRY LAWN MAINTENANCE, LLC Principal Place of Business Mailing Address 7830 KENSINGHAM COURT 7830 KENSINGHAM COURT ORLANDO, FL 32835 ORLANDO, FL 32835 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (12/06) 02072007 Chg-LLC City & State City & State 4. FEI Number Applied For Not Applicable <u> 51-0613216</u> Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BASANT, D. HARRYLALL Street Address (P.O. Box Number is Not Acceptable) 7830 KENSINGHAM COURT ORLANDO, FL 32835 Zip Code 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 it 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 MGR TITLE ☐ Defete TITLE Change ☐ Addition BASANT, D. HARRYLALL NAME NAME STREET ADDRESS 7830 KENSINGHAM COURT STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32835 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BASANT, D. HARRLALL NAME STREET ADDRESS 7830 KENSINGHAM COURT STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32835 CITY-ST-ZIP TITLE ☐ Delete ☐ 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-7IP TITLE ☐ Dolete TITLE ☐ Change Addition NAME NAME

11. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

Diaganidhi Harrylell Basant. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

321.947. 2073

FILED

Daytime Phone #