


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90135 036 ***138.75

DOCUMENT # L06000104617			
1. Entity Name PANHANDLE LAWN ENFORCEMENT, LLC			
Principal Place of Business 151 D COMMERCE DRIVE PORT SAINT JOE, FL 32456		Mailing Address 151 D COMMERCE DRIVE PORT SAINT JOE, FL 32456	
2. Principal Place of Business - No P.O. Box # 2321 Hwy. 381 Suite, Apt. #, etc.		3. Mailing Address 2321 Hwy. 381 Suite, Apt. #, etc.	
City & State Wewahitchka, FL Zip Country 32465 USA		City & State Wewahitchka, FL Zip Country 32465 USA	
6. Name and Address of Current Registered Agent BUTLER, SHAWN T 151D COMMERCE DRIVE PORT ST JOE, FL 32456		7. Name and Address of New Registered Agent Name Larry L. Hightower Street Address (P.O. Box Number is Not Acceptable) 2321 Hwy. 381 City Wewahitchka FL Zip Code 32465	
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 Larry L. Hightower MGR Larry L. Hightower 4-02-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIGHTOWER, LARRY L 151D COMMERCE DRIVE PORT ST JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Hightower, Larry L. 2321-Hwy. 381 Wewahitchka, FL 32465 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUTLER, SHAWN T 151D COMMERCE DRIVE PORT ST JOE, FL 32456 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hightower, Angela S. 2321 Hwy. 381 Wewahitchka, FL 32465 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HIGHTOWER, MARTIN F 508 8TH STREET PORT SAINT JOE, FL 32456 <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	<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	<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	<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: **Larry L. Hightower** **4-02-08** **(850) 639-6574**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #