

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105376

**FILED**  
**Apr 23, 2007**  
**Secretary of State**

**Entity Name:** CARLOS ARTEAGA LAWN SERVICES, LLC.

**Current Principal Place of Business:**

1909 LOCHSHYRE LOOP  
OCOEE, 34761

**New Principal Place of Business:**

1909 LOCHSHYRE LOOP  
OCOEE, FL 34761

**Current Mailing Address:**

1909 LOCHSHYRE LOOP  
OCOEE, 34761

**New Mailing Address:**

1909 LOCHSHYRE LOOP  
OCOEE, FL 34761

FEI Number: 73-1685136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARTEAGA, CARLOS  
1909 LOCHSHYRE LOOP  
OCOEE, FL 34761 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: OWER ( ) Change (X) Addition  
Name: ARTEAGA, CARLOS  
Address: 335 MINNEOLA DR  
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARLOSARTEAGA

OWER

04/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date