

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90363 032 ****50.00

DOCUMENT # L06000112301

1. Entity Name
BARBER GREEN LAWN CARE, LLC



40117369

Principal Place of Business
**1257 LINMOOR CIRCLE
PALM BAY, FL 32907**

Mailing Address
**1257 LINMOOR CIRCLE
PALM BAY, FL 32907**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

05092007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
87-0187793

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FERRON, PATRICK
1257 LINMOOR CIRCLE
PALM BAY, FL 32907**

7. Name and Address of New Registered Agent

Name

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

City

FL

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FERRON, PATRICK
1257 LINMOOR CIRCLE
PALM BAY, FL 32907** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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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 #

5-16-07