

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4 **FILED**
May 27, 2008 8:00 am
Secretary of State

04-15-2008 90109 010 ***138.75

DOCUMENT # L07000003346			
1. Entity Name RANDY'S LAWCARE SERVICE "LLC."			
Principal Place of Business 133 NORTH BEECH ST PALATKA, FL 32177 US		Mailing Address 133 NORTH BEECH ST PALATKA, FL 32177 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ROGERS, RANDY W SR + owner 133 NORTH BEECH ST PALATKA, FL 32177		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)			
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 ☐ Delete STREET ADDRESS CITY-ST-ZIP Randy Rogers + owner 133 N Beech St Palatka FL 32177		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP	
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: 		2/21/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

I am owner, operator
and only worker.

Home 386-325-6404
Work cell - 904-669-2155
Randy's - 904-814-0284