


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90108 002 \*\*\*138.75

DOCUMENT # L07000010652					
1. Entity Name <b>PARADISE LAWN SERVICE OF MARION COUNTY, LLC</b>					
Principal Place of Business <b>250 SW 84TH LANE OCALA, FL 34476</b>			Mailing Address <b>250 SW 84TH LANE OCALA, FL 34476</b>		
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	4. FEI Number <b>41-2226025</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
-6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CLAPP, MICHAEL P 250 SW 84TH LANE OCALA, FL FL</b>			Name <b>GUY Mongello</b> Street Address (P.O. Box Number is Not Acceptable) <b>9530 SW MAGNOLIA AVE</b> City <b>OCALA</b> FL Zip Code <b>34476</b>		
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 <b>Guy Mongello</b>			DATE <b>4-11-08</b>		
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to: Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR CLAPP, MICHAEL P 250 SW 84TH LANE OCALA, FL 34476</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR MONGELLO, CHRISTOPHER R 250 SW 84TH LANE OCALA, FL 34476</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <b>Chris Mongello</b>		DATE: <b>4-11-08</b>		DAYTIME PHONE: <b>352 854 9139</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



04112008 Chg-LLC CR2E083 (12/06)

4. Applied For  
Not Applicable

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

Name **GUY Mongello**  
Street Address (P.O. Box Number is Not Acceptable)  
**9530 SW MAGNOLIA AVE**  
City **OCALA** FL Zip Code **34476**

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 **Guy Mongello** DATE **4-11-08**  
(Note: Registered Agent signature required when reinstating)

**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 CLAPP, MICHAEL P 250 SW 84TH LANE OCALA, FL 34476	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: **Chris Mongello** DATE: **4-11-08** DAYTIME PHONE: **352 854 9139**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #