

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/3

FILED
Aug 25, 2008 8:00 am
Secretary of State

07-31-2008 90016 021 ***138.75

DOCUMENT # L07000013487

1. Entity Name
ABS LAWN SERVICE LLC



Principal Place of Business
**12490 MEINERT AVE.
BROOKSVILLE, FL 34613**

Mailing Address
**12490 MEINERT AVE.
BROOKSVILLE, FL 34613**

30010981



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07172008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

56-2642996

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

7. Name and Address of New Registered Agent

**DIXON, BRIAN
12490 MEINERT AVE.
BROOKSVILLE, FL 34613**

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

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.183(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **DIXON, BRIAN**
STREET ADDRESS **12490 MEINERT AVE.**
CITY-ST-ZIP **BROOKSVILLE, FL 34613**

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

TITLE **MGRM** ☐ Delete
NAME **DIXON, SCOTT**
STREET ADDRESS **7053 ARIZONA ST.**
CITY-ST-ZIP **BROOKSVILLE, FL 34604**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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: **Brian Dixon**

7-28-08 352-279-4046

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

Date

Daytime Phone #