

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

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

7/3

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

07-31-2008 90016 021 ***138.75

30010981



07172008 Chg-LLC CR2E083 (12/06)

4. FEI Number 56-2642996	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current 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 renaming)

DATE

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

In accordance with s. 607.193(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

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

Delete

10. ADDITIONS/CHANGES

Change Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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TITLE
NAME
STREET ADDRESS
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: *Brian J. Dixon*

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

7-28-08 352-279-4046

Date

Daytime Phone #