

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015034

Entity Name: REVELS LAWN CARE LLC

FILED  
Feb 01, 2008  
Secretary of State

**Current Principal Place of Business:**

54027 JAMIE DRIVE  
CALLAHAN, FL 32011

**New Principal Place of Business:**

**Current Mailing Address:**

54027 JAMIE DRIVE  
CALLAHAN, FL 32011

**New Mailing Address:**

FEI Number: 20-8381835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JEFFERSON, JOE D  
5412 MORSE AVE.  
JACKSONVILLE, FL 32244 US

**Name and Address of New Registered Agent:**

REVELS, RALPH D II  
54027 JAMIE DRIVE  
CALLAHAN, FL 32011 US

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.

SIGNATURE: RALPH D REVELS II

02/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: REVELS, DEBBIE  
Address: 11401 SIMMONS RD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM ( ) Delete  
Name: REVELS, DEMPSEY  
Address: 11401 SIMMONS RD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM ( ) Delete  
Name: REVELS, DEMPSEY II  
Address: 54027 JAMIE DRIVE  
City-St-Zip: CALLAHAN, FL 32011

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: REVELS, DEBBIE MGR  
Address: 11401 SIMMONS RD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM (X) Change ( ) Addition  
Name: REVELS, RALPH D MGRM  
Address: 11401 SIMMONS RD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM (X) Change ( ) Addition  
Name: REVELS, II, RALPH D MGRM  
Address: 54027 JAMIE DRIVE  
City-St-Zip: CALLAHAN, FL 32011

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RALPH D REVELS II

MGRM

02/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date