

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-25-2008 90015 027 ***143.75

DOCUMENT # L07000018566

1. Entity Name
STEVE BRYAN LAWN CARE LLC



Principal Place of Business
17253 PHIL C PETERS RD
WINTER GARDEN, FL 34787

Mailing Address
17253 PHIL C PETERS RD
WINTER GARDEN, FL 34787

50008924



2. Principal Place of Business - No P.O. Box #
17253 Phil C Peters Rd
Suite, Apt. #, etc.

3. Mailing Address
17253 Phil C Peters Rd
Suite, Apt. #, etc.

07072008 CHA LLC CR2F083 (12/06)

City & State
Winter Garden FL
Zip
34787
Country
Orange

City & State
Winter Garden FL
Zip
34787
Country
Orange

4. FEI Number
59-3660227
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRYAN, STEVE
17253 PHIL C PETERS RD
WINTER GARDEN, FL 34787

7. Name and Address of New Registered Agent

Name **Steve Bryan**

Street Address (P.O. Box Number is Not Acceptable)
17253 Phil C Peters Rd

City **Winter Garden**

FL Zip Code **34787**

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

Steve Bryan **Steve Bryan**

7/21/08

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. 607.193(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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BRYAN, STEVE
17253 PHIL C PETERS RD
WINTER GARDEN, FL 34787 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

10. ADDITIONS/CHANGES

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

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

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☐ 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: *Steve Bryan* **Steve Bryan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/21/08

Date

407-721-9952

Daytime Phone #