


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90400 042 \*\*\*138.75

DOCUMENT # L07000038122		
1. Entity Name YOHE'S LAWCARE & LANDSCAPING LLC		

Principal Place of Business 3177 EGREMONT DRIVE WEST PALM BEACH, FL 33406 US	Mailing Address 3177 EGREMONT DRIVE WEST PALM BEACH, FL 33406 US
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2. Principal Place of Business - No P.O. Box # 203 ARLINGTON RD Suite, Apt. #, etc.	3. Mailing Address 203 ARLINGTON RD Suite, Apt. #, etc.
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City & State WEST PALM BEACH FL	City & State WEST PALM BEACH FL
Zip 33405-5011	Country US

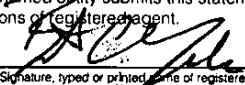
02272008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8814944	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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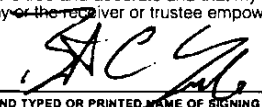
6. Name and Address of Current Registered Agent YOHE, BRENT C 3177 EGREMONT DRIVE WEST PALM BEACH, FL 33406	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 203 ARLINGTON RD	
City WEST PALM BEACH	FL Zip Code 33405-5011

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 	DATE 02/27/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YOHE, BRENT C 3177 EGREMONT DRIVE WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	203 ARLINGTON RD WEST PALM BEACH FL 33405-5011 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE: 02/27/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	