

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90013 023 ***138.75

60037878



03132008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000040045

1. Entity Name
TURF INNOVATIONS LLC



Principal Place of Business
**14734 SILVER GLEN DR
JACKSONVILLE, FL 32258 US**

Mailing Address
**14734 SILVER GLEN DR
JACKSONVILLE, FL 32258 US**

2. Principal Place of Business - No P.O. Box #
14695 Silver Glen Dr. East
Suite, Apt. #, etc.

3. Mailing Address
14695 Silver Glen Dr. East
Suite, Apt. #, etc.

City & State
Jacksonville, FL
Zip
32258
Country
U.S.A.

City & State
Jacksonville, FL
Zip
32258
Country
U.S.A.

4. FEI Number
20-8869791
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLORIDA-INCORPORATIONS.NET INC
3219 CORAL RIDGE DR.
CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent

Name
JASON BURDETTE PAUL
Street Address (P.O. Box Number is Not Acceptable)
14695 Silver Glen Dr. East
City
Jacksonville FL Zip Code
32258

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 *Jason B. Paul* DATE **3/13/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BOONE, CHRISTIAN M
14734 SILVER GLEN DR.
JACKSONVILLE, FL 32258** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PAUL, JASON B
14695 SILVER GLEN DR.
JACKSONVILLE, FL 32258** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BOONE, CHRISTI J
14734 SILVER GLEN DR.
JACKSONVILLE, FL 32258** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JONES-PAUL, ALEXANDRA C
14695 SILVER GLEN DR.
JACKSONVILLE, FL 32258** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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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 *Jason B. Paul* DATE **3/13/08** DAYTIME PHONE # **904-292-3958**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE