2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/1 FILED
08 AUG 26 AM 8:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L07000042295

1. Entity Name
GALLON LAWN SERVICE, LLC

Principal Place of Business
~~1220 PRESITGE PT~~ 1220 Prestige Pt
OVIEDO, FL 32765

Mailing Address
~~1220 PRESITGE PT~~ 1220 Prestige Pt
OVIEDO, FL 32765

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

07092008 Chg-LLC CR2E083 (12/06)

4. FEI Number 51-0628309 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
GALLON, WILLIAM
~~1220 PRESITGE PT~~ 1220 Prestige Pt
OVIEDO, FL 32765

7. Name and Address of New Registered Agent
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 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		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GALLON, WILLIAM ~~1220 PRESGTGE PT~~ 1220 Prestige Pt OVIEDO, FL 32765 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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L SELLERS
AUG 27 2008
EXAMINER

7/17/08 90016/009
$138.75

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: William D Gallon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #