

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000075296

**FILED**  
**Mar 19, 2008**  
**Secretary of State**

**Entity Name:** ABNEY'S SUPERIOR LAWNS AND LANDSCAPES LLC

**Current Principal Place of Business:**

13041 SUNSHINE VIEW CT  
CLERMONT, FL 34711

**New Principal Place of Business:**

8530 FIRESTONE CIRCLE  
CLERMONT, FL 34711

**Current Mailing Address:**

13041 SUNSHINE VIEW CT  
CLERMONT, FL 34711

**New Mailing Address:**

8530 FIRESTONE CIRCLE  
CLERMONT, FL 34711

**FEI Number:** 26-5084134

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABNEY, RAYMOND L III  
13041 SUNSHINE VIEW CT  
CLERMONT, FL 34711 US

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

ABNEY, RAYMOND L III  
8530 FIRESTONE CIRCLE  
CLERMONT, FL 34711 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:** RAYMOND LEE ABNEY III

03/19/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** ABNEY, RAYMOND L III  
**Address:** 13041 SUNSHINE VIEW CT  
**City-St-Zip:** CLERMONT, FL 34711

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** ABNEY, RAYMOND L III  
**Address:** 8530 FIRESTONE CIRCLE  
**City-St-Zip:** CLERMONT, FL 34711

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:** RAYMOND LEE ABNEY III

MGRM

03/19/2008

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