

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State

07-18-2008 90050 047 ***143.75

DOCUMENT # L07000079395

1. Entity Name
CUT YOUR GREENS LAWN & LANDSCAPING, LLC



Principal Place of Business
**12455 GULFSTREAM BLVD.
PORT CHARLOTTE, FL 33981**

Mailing Address
**12455 GULFSTREAM BLVD.
PORT CHARLOTTE, FL 33981**

50008508

2. Principal Place of Business - No P.O. Box #
10397 Greenway Ave
Suite, Apt. #, etc.

3. Mailing Address
PO Box 356
Suite, Apt. #, etc.

07152008 Chg-LLC CR2E083 (12/06)

City & State
Englewood FL
Zip **34224** Country

City & State
Englewood FL
Zip **33981** Country

4. FEI Number
260780647
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCUSKER, AMANDA
12455 GULFSTREAM BLVD.
PORT CHARLOTTE, FL 33981**

7. Name and Address of New Registered Agent

Name **JASON CHASE**
Street Address (P.O. Box Number is Not Acceptable)

10397 Greenway Ave
City **Englewood FL** Zip Code **34224**

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 **7-14-08**

(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 **MGRM** ☒ Delete
NAME **MCCUSKER, AMANDA**
STREET ADDRESS **12455 GULFSTREAM BLVD.**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33981**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **JASON CHASE**
STREET ADDRESS **10397 Greenway Ave**
CITY-ST-ZIP **Englewood, FL 34224**

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-14-08 941 815-0537

Date

Daytime Phone #