

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083030

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: THE PALMS LAWN AND LANDSCAPING LLC

**Current Principal Place of Business:**

9 RUE DE LE ROI ST.  
FORT WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

9 RUE DE LE ROI ST.  
FORT WALTON BEACH, FL 32547 US

**New Mailing Address:**

FEI Number: 26-0715433      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MEAD, JOHN S  
24 WALTER MARTIN RD.  
FORT WALTON BEACH, FL 32569 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WESSON, AMANDA M  
Address: 9 RUE DE LE ROI ST.  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: MGRM ( ) Delete  
Name: DEAL, NIKKI N  
Address: 160 BRIAN CIR.  
City-St-Zip: MARY ESTHER, FL 32569 US

Title: MGRM ( ) Delete  
Name: WESSON, JONATHAN K  
Address: 9 RUE DE LE ROI ST.  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: MGRM ( ) Delete  
Name: DEAL, AARON W  
Address: 160 BRIAN CIR  
City-St-Zip: MARY ESTHER, FL 32569 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JONATHAN WESSON

MGRM

04/30/2008

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