

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90181 021 ***138.75

DOCUMENT # L07000090044

1. Entity Name
PERFECT TOUCH LAWN CARE, LLC



Principal Place of Business
**60 PRITCHARD DRIVE
PALM COAST, FL 32164 US**

Mailing Address
**PO BOX 351264
PALM COAST, FL 32135 US**

60022180



2. Principal Place of Business - No P.O. Box #

34 Prince John Lane

3. Mailing Address

PO Box 351264

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142008 Chg-LLC CR2E083 (12/06)

City & State
Palm Coast FL

City & State
Palm Coast FL

4. FEI Number
26-0848124

Applied For
☐ Not Applicable

Zip
32164

Country
USA

Zip
32135

Country
USA

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

6. Name and Address of Current Registered Agent

**ANTOS, RONALD
60 PRITCHARD DRIVE
PALM COAST, FL 32164**

7. Name and Address of New Registered Agent

Name **Antos, Ronald**

Street Address (P.O. Box Number is Not Acceptable)

34 Prince John Lane

City **Palm Coast**

FL

Zip Code **32164**

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

Lori Antos **Lori Antos**

4/8/08

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
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
ANTOS, RONALD
60 PRITCHARD DRIVE
PALM COAST, FL 32164** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ANTOS, LORI
60 PRITCHARD DRIVE
PALM COAST, FL 32164** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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
**mGRM
Antos, Ronald
34 Prince John Lane
Palm Coast, FL 32164** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**mGRM
Antos, Lori
34 Prince John Lane
Palm Coast, FL 32164** ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
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: *Lori Antos* **Lori Antos**

4/8/08 3865976847

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

Date

Daytime Phone #