2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Mar 04, 2008 8:00 am DOCUMENT # L07000097586 **Secretary of State** 1. Entity Name 03-04-2008 90103 027 ***143.75 JR'S LAWN CARE SERVICES LLC Principal Place of Business Mailing Address 1833 RIVERVIEW DRIVE CRESTVIEW FL 32536 1833 RIVERVIEW DRIVE CRESTVIEW FL 32536 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BASS, MARVIN D Street Address (P.O. Box Number is Not Acceptable) 1833 RIVERVIEW DRIVE CRESTVIEW FL 32536 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 correct name of registered agent and title it appropries (NOTE: Registered Agent signature required when reinstating) CATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE Change ☐ Addition NAME BASS, MARVIN D NAME STREET ADDRESS 1833 RIVERVIEW DRIVE STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL 32536 CITY-ST-ZIP Delete THILE THE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP THILE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ACDRESS CITY-ST-ZIP CITY-ST-Z#P TITLE ☐ Delete ■ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

ANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: MARVIN D BASS

FILED