2008 LIMITED LIABILITY COMPANY

Aug 04, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L07000101913** 08-04-2008 90053 019 ***138.75 MAGIC MOW LAWN CARE SERVICE LLC Principal Place of Business Mailing Address 20141 HUFFMASTER RD 20141 HUFFMASTER RD NORTH FORT MYERS, FL 33917 NORTH FORT MYERS, FL 33917 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07162008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State Not Applicable \$5.00 Additional Ζip Country Country 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITE, PAUL A Street Address (P.O. Box Number is Not Acceptable) 20141 HUFFMASTER RD NORTH FORT MYERS, FL 33917 City Zio 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWIII 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 10. ADDITIONS/CHANGES MGR IIILE TILLE Oelete ☐ Change ☐ Addition WHITE, PAUL A NAME MALE 20141 HUFFMASTER RD STREET ABORESS STREET ADDRESS CITY-ST-ZIP NORTH FORT MYERS, FL 33917 CITY-ST-ZOP TITLE TITLE ☐ Change Delete ■ Addition NAME PRICE, ERNEST P NAME STREET ADORESS 20101 HUFFMASTER RD STREET ADDRESS NORTH FORT MYERS, FL. 33917 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TILE Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P MILE Delete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

FILED

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 empo No execute this report as required by Chapter 608, Florida Statutes

NAME

TITLE

NAME

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZP

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CTTY-ST-ZIP

TILE

NAME