

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

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90512 015 \*\*\*143.75

DOCUMENT # L07000123140

1. Entity Name

LAWN SERVICE BY L & J LLC



Principal Place of Business

706 COACHMAN DR.  
LEESBURG FL 34748

Mailing Address

706 COACHMAN DR.  
LEESBURG FL 34748



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

706 Coachman Dr

3. Mailing Address

706 Coachman Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

Leesburg FL

City & State

Leesburg FL

4. FEI Number

35-2318380

Applied For

Not Applicable

Zip

34748

Country

Lake

Zip

34748

Country

Lake

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOLLMAR, JUDITH  
706 COACHMAN DR.  
LEESBURG, FL 34748

Name

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

City

FL

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 of registered agent or named name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

5/29/08

**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

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME VOLLMAR, JUDITH  
STREET ADDRESS 706 COACHMAN DR.  
CITY-ST-ZIP LEESBURG FL 34748

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

TITLE MGRM ☒ Delete  
NAME FIGLIOLA, LOIS  
STREET ADDRESS 716 COACHMAN DR.  
CITY-ST-ZIP LEESBURG FL 34748

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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NAME  
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CITY-ST-ZIP

11. I hereby 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.

SIGNATURE:

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

Date

Copy to Print

5/29/08