## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

CITY-ST-ZIP

**SIGNATURE:** 

## Mar 20, 2008 8:00 am Secretary of State **DOCUMENT # M05000004043** 03-20-2008 90183 010 \*\*\*138.75 LAWNBIZ, LLC Principal Place of Business Mailing Address 11900 SE FEDERAL HWY 11900 SE FEDERAL HWY SUITE 212 SUITE 212 HOBE SOUND, FL 33455 HOBE SOUND, FL. 33455 03102008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2934873 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent RIDAVE, HAYDEN P DO NOT WRITE 11900 SE FEDERAL HWY SUITE 212 HOBE SOUND, FL 33455 IN THIS SPACE 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) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR MLE NAME ACKNEY, JASON 15647 85TH WAY NORTH STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 TIME NAME STREET ADDRESS CITY-ST-ZIP TITLE MALEF. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZDP TITLE NAME . STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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.

IG MANAGING MEMBER, OR ALTHORIZED REPRESENTATIVE

**FILED** 

Davime Phone #