

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010693

**FILED**  
**Jan 03, 2006**  
**Secretary of State**

**Entity Name:** MID FLORIDA LAWN CARE, LLC

**Current Principal Place of Business:**

1950 TALLOAK ROAD  
MELBOURNE, FL 329354337 US

**New Principal Place of Business:**

4141 MOURNING DOVE CT.  
MELBOURNE, FL 32934 US

**Current Mailing Address:**

1950 TALLOAK ROAD  
MELBOURNE, FL 329354337 US

**New Mailing Address:**

4141 MOURNING DOVE CT.  
MELBOURNE, FL 32934 US

FEI Number: 51-0494732

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRUNN, FRANK  
407 EAST NEW HAVEN AVENUE  
MELBOURNE, FL 329014507 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DALESSANDRO, ANTHONY F  
Address: 1950 TALLOAK ROAD  
City-St-Zip: MELBOURNE, FL 329354337 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DALESSANDRO, ANTHONY F  
Address: 4141 MOURNING DOVE CT.  
City-St-Zip: MELBOURNE, FL 32934 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANTHONY F DALESSANDRO

MGRM

01/03/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date