

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
May 21, 2009  
Secretary of State**

DOCUMENT# L06000020835

Entity Name: ASHLEYS LAWN SERVICE, LLC.

**Current Principal Place of Business:**

190 RECTOR ROAD  
EAST PALATKA, FL 32131 US

**New Principal Place of Business:**

**Current Mailing Address:**

190 RECTOR ROAD  
EAST PALATKA, FL 32131 US

**New Mailing Address:**

FEI Number: 20-4473134      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LEE, PHILLIP A  
190 RECTOR ROAD  
EAST PALATKA, FL 32131 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: MGR ( ) Delete  
Name: LEE, PHILLIP A  
Address: 190 RECTOR ROAD  
City-St-Zip: EAST PALATKA, FL 32131 US

Title: MGR ( ) Delete  
Name: LEE, SABRINA L  
Address: 190 RECTOR ROAD  
City-St-Zip: EAST PALATKA, FL 32131 US

Title: MGR (X) Delete  
Name: LEE, AMBER K  
Address: 190 RECTOR ROAD  
City-St-Zip: EAST PALATKA, FL 32131 US

Title: MGR ( ) Delete  
Name: DRACKETT, BRUCE J  
Address: 567 FEDERAL POINT  
City-St-Zip: EAST PALATKA, FL 32131

Title: MGR ( ) Delete  
Name: LEE, SHARON L  
Address: 7265 A1A SOUTH  
City-St-Zip: ST. AUGASTINE, FL 32080

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PHILLIP A LEE

MGR

05/21/2009

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