

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020835

Entity Name: ASHLEYS LAWN SERVICE, LLC.

Current Principal Place of Business:

160 COMFORT ROAD
PALATKA, FL 32177

Current Mailing Address:

112 GOODWIN STREET
SAN MATEO, FL 32187 US

FEI Number: 20-4473134

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEE, PHILLIP A
112 GOODWIN STREET
SAN MATEO, FL 32187 US

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

Authorized Person(s) Detail :

| | | | |
|-----------------|-----------------------|-----------------|--------------------|
| Title | MGR | Title | MGR |
| Name | LEE, PHILLIP A | Name | LEE, SABRINA L |
| Address | 112 GOODWIN STREET | Address | 112 GOODWIN STREET |
| City-State-Zip: | SAN MATEO FL 32187 | City-State-Zip: | SAN MATEO FL 32187 |
| | | | |
| Title | MGR | Title | MGR |
| Name | DRACKETT, BRUCE J | Name | LEE, AMBER K |
| Address | 567 FEDERAL POINT | Address | 112 GOODWIN STREET |
| City-State-Zip: | EAST PALATKA FL 32131 | City-State-Zip: | SAN MATEO FL 32187 |
| | | | |
| Title | CO-TRUSTEE | | |
| Name | LEE, ASHLYNN K | | |
| Address | 112 GOODWIN STREET | | |
| City-State-Zip: | SAN MATEO FL 32187 | | |

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PHILLIP A. LEE

OWNER

03/08/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date