

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000130505

**Entity Name:** LUIGI'S LAWNCARE SERVICE LLC

**Current Principal Place of Business:**

2513 SW MONTERREY LANE  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

2513 SW MONTERREY LANE  
PORT ST LUCIE, FL 34953

**FEI Number:** 45-3818952

**Certificate of Status Desired:** No

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

LAMPMAN, LINDA A  
1125 SW HUTCHINS ST  
PORT ST LUCIE, FL 34983 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            | PAGE, LOUIS A          | Name            | MCLENDON, THOMAS       |
| Address         | 2513 SW MONTERREY LANE | Address         | 2513 SW MONTERREY LANE |
| City-State-Zip: | PORT ST LUCIE FL 34953 | City-State-Zip: | PORT ST LUCIE FL 34953 |

*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:** LOUIS A. PAGE

**MANAGER**

**02/25/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date