

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000011001

**FILED**  
**Feb 11, 2010**  
**Secretary of State**

**Entity Name:** E & J MOWERS LAWN CARE L.L.C.

**Current Principal Place of Business:**

687 BUCKSKIN DRIVE  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

687 BUCKSKIN DRIVE  
ENGLEWOOD, FL 34223

**New Mailing Address:**

**FEI Number:** 65-1124357

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEFEBVRE, ERIC J  
687 BUCKSKIN DRIVE  
ENGLEWOOD, FL 34223 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  
**Name:** LEFEBVRE, ERIC J  
**Address:** 687 BUCKSKIN DRIVE  
**City-St-Zip:** ENGLEWOOD, FL 34223

**Title:** MGR  
**Name:** LEFEBVRE, JOHN E  
**Address:** 10173 CASTANET AVENUE  
**City-St-Zip:** ENGLEWOOD, FL 34224

I hereby 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:** ERIC J LEFEBVRE

MGR

02/11/2010

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