

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012727

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** GRAYTEST LAWN SERVICE, LLC

**Current Principal Place of Business:**

3193 ARTHUR TERRACE  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

3193 ARTHUR TERRACE  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 48-1306665      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

GRAY, DANIEL  
3193 ARTHUR TERRACE  
HOLLYWOOD, FL 33021      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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: GRAY, DANIEL  
Address: 3193 ARTHUR TERRACE  
City-St-Zip: HOLLYWOOD, FL 33021

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: VP      ( ) Change (X) Addition  
Name: REAM, DANIEL  
Address: 3193 ARTHUR TERRACE  
City-St-Zip: HOLLYWOOD, FL 33021

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: DANIEL GRAY

MGR

05/01/2008

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