

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034988

FILED
May 04, 2004
Secretary of State

Entity Name: GRASS ROOTS LAWN CARE, LLC

Current Principal Place of Business:

5875 NW 75 TH WAY
PARKLAND, FL 33067

New Principal Place of Business:

Current Mailing Address:

2492 EAGLE RUN DR
WESTON, FL 33327 US

New Mailing Address:

5875 NW 75 TH WAY
PARKLAND, FL 33067 US

FEI Number: 20-0256935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, GICELA
5875 NW 75TH WAY
PARKLAND, FL 33067 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/MEMBERS:

Title: MGRM () Delete
Name: SANCHEZ, GICELA
Address: 5875 NW 75TH WAY
City-St-Zip: PARKLAND, FL 33067 US

Title: MGRM () Delete
Name: MOX, LISA A
Address: 2492 EAGLE RUN DRIVE
City-St-Zip: WESTON, FL 33327 US

Title: MGRM () Delete
Name: NAKAMURA, MICHAEL M
Address: 1160 N. FEDERAL HWY APT 1023
City-St-Zip: FT. LAUDERDALE, FL 33304 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: MOX, LISA A
Address: 6929 NW 63RD WAY
City-St-Zip: PARKLAND, FL 33067 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GICELA SANCHEZ

MGRM

05/04/2004

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