

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039321

FILED
Sep 07, 2005
Secretary of State

Entity Name: BIG DADDY'S LAWN CARE, LLC

Current Principal Place of Business:

90 OLD NAILS ROAD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

90 OLD NAILS ROAD
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 20-1157989 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:

WATSON & ASSOCIATES, PA
4826 KERRY FOREST PARKWAY
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

KWIATKOWSKI, JESSICA A
90 OLD NAILS ROAD
CRAWFORDVILLE, FL 32327 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: JESSICA KWIATKOWSKI

09/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KWIATKOWSKI, JESSICA A
Address: 90 OLD NAILS ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: MGRM () Delete
Name: CORE, DAVID N
Address: 90 OLD NAILS ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327 US

ADDITIONS/CHANGES:

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

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: JESSICA KWIATKOWSKI

MGRM

09/07/2005

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