

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061440

FILED  
Jun 07, 2008  
Secretary of State

**Entity Name:** AFFORDABLE LAWN CARE & HOME MAINTENANCE L.L.C.

**Current Principal Place of Business:**

4223 LOUVINIA DR.  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

**Current Mailing Address:**

4223 LOUVINIA DR.  
TALLAHASSEE, FL 32311

**New Mailing Address:**

**FEI Number:** 56-2502109      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

DILLON, JOHN  
4223 LOUVINIA DR.  
TALLAHASSEE, FL 32311      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: MGRM ( ) Delete  
Name: DILLON, JOHN A  
Address: 4223 LOUVINIA DR.  
City-St-Zip: TALLAHASSEE, FL 32311

Title: MGRM (X) Delete  
Name: BAILEY, ASHLEY  
Address: 1541 PULLEN RD.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM (X) Delete  
Name: BAILEY, MICHAEL  
Address: 8492 LAKE ATKINSON  
City-St-Zip: TALLAHASSEE, FL 32310

**ADDITIONS/CHANGES:**

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

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 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: JOHN DILLON

MGRM

06/07/2008

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