

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067186

FILED  
Jul 15, 2009  
Secretary of State

Entity Name: PROPERTY CARE FLORIDA, LLC

**Current Principal Place of Business:**

1900 SOUTH HARBOR CITY BLVD  
SUITE 202  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

1900 SOUTH HARBOR CITY BLVD  
SUITE 202  
MELBOURNE, FL 32901

**New Mailing Address:**

1214 ROCKMILL RD  
LANCASTER, OH 43130

FEI Number: 86-1114787      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:**

KINBERG, EDWARD J  
1290 W. EAU GALLIE BLVD.  
MELBOURNE, FL 32935      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: MGRM      ( ) Delete  
Name: COYLE, LAWRENCE  
Address: 1900 SOUTH HARBOR CITY BLVD  
City-St-Zip: MELBOURNE, FL 32901

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: COYLE, LAWRENCE A  
Address: 1214 ROCKMILL RD.  
City-St-Zip: LANCASTER, OH 43130

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: LAWRENCE A. COYLE

MGRM

07/15/2009

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