

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007457

FILED  
Jan 31, 2009  
Secretary of State

Entity Name: PRO-CARE LAWN SERVICE LLC

**Current Principal Place of Business:**

2510 STATE AVE  
PANAMA CITY, FL 32405 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 524  
LYNN HAVEN, FL 32444 US

**New Mailing Address:**

FEI Number: 61-1482344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HICKS, GEORGE  
2510 STATE AVE  
PANAMA CITY, FL 32405 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: HICKS, GEORGE  
Address: 2510 STATE RD  
City-St-Zip: PANAMA CITY, FL 32405 US

Title: MGRM (X) Delete  
Name: HICKS, JOSHUA  
Address: 2510 STATE AVE  
City-St-Zip: PANAMA CITY, FL 32405

**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 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: GEORGE M. HICKS

MGRM

01/31/2009

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