

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000007457

**FILED**  
**Apr 08, 2010**  
**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 (X)**

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

I hereby 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

04/08/2010

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