

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007909

FILED
Apr 30, 2008
Secretary of State

Entity Name: CUT-RITE LAWN MOWING SERVICE, LLC

Current Principal Place of Business:

22950 LYNX COURT
SORRENTO, FL 32776 US

New Principal Place of Business:

Current Mailing Address:

22950 LYNX COURT
SORRENTO, FL 32776 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

KEMPER, NOEL V
22950 LYNX COURT
SORRENTO, FL 32776 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: KEMPER, NOEL V
Address: 22950 LYNX COURT
City-St-Zip: SORRENTO, FL 32776 US

Title: MGRM () Delete
Name: KEMPER, ROSEMARIE
Address: 22950 LYNX COURT
City-St-Zip: SORRENTO, FL 32776 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 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: NOEL V. KEMPER

MGRM

04/30/2008

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