

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040076

FILED  
Aug 19, 2009  
Secretary of State

Entity Name: COMPLETE OUTDOOR CARE LLC

**Current Principal Place of Business:**

9551 CHANDON DR  
ORLANDO, FL 32825 US

**New Principal Place of Business:**

**Current Mailing Address:**

9551 CHANDON DR  
ORLANDO, FL 32825 US

**New Mailing Address:**

FEI Number: 20-2724197      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:**

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

SORONDO, DANIEL I  
9551 CHANDON DR  
ORLANDO, FL 32825 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: MGR ( ) Delete  
Name: SORONDO, DANIEL I  
Address: 13034 HIDDEN BEACH WAY  
City-St-Zip: CLERMONT, FL 34711 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SORONDO, DANIEL I  
Address: 9551 CHANDON DR.  
City-St-Zip: ORLANDO, FL 32825 US

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: DANIEL I SORONDO

MR.

08/19/2009

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