

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000052345

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** THE MASTER'S LAWN CARE, LLC

**Current Principal Place of Business:**

10707 SW 83RD PLACE  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

1610 NW 55TH PLACE  
STE. 1  
GAINESVILLE, FL 32653

**Current Mailing Address:**

PO BOX 140573  
GAINESVILLE, FL 326140573

**New Mailing Address:**

**FEI Number:** 20-2892136

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMPSON, EDWARD G II  
10707 SW 83RD PLACE  
GAINESVILLE, FL 32608 US

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

THOMPSON, EDWARD G II  
2331-D SW 39TH WAY  
CONDO D  
GAINESVILLE, FL 32607 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:

01/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR.  
Name: THOMPSON, EDWARD G II  
Address: 2331-D SW 39TH WAY  
City-St-Zip: GAINESVILLE, FL 32607 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: EDWARD G THOMPSON II

OWNE

01/06/2011

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