

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090921

FILED  
Aug 23, 2007  
Secretary of State

**Entity Name:** GREENER SIDE LAWN CARE LLC

**Current Principal Place of Business:**

4840 COCONUT AVENUE  
COCOA, FL 32926

**New Principal Place of Business:**

**Current Mailing Address:**

4840 COCONUT AVENUE  
COCOA, FL 32926

**New Mailing Address:**

P O BOX 237303  
COCOA, FL 32923

FEI Number: 20-3506409      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:**

MULLICAN, TAMARA D  
4840 COCONUT AVENUE  
COCOA, FL 32926      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: MULLICAN, TAMARA D  
Address: 4840 COCONUT AVENUE  
City-St-Zip: COCOA, FL 32926

Title: MGRM      ( ) Delete  
Name: MULLICAN, JOSH  
Address: 4840 COCONUT AVENUE  
City-St-Zip: COCOA, FL 32926

**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: TAMARA MULLICAN

MGR

08/23/2007

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