2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# L05000101431

Entity Name: CUT IT OUT LAWN CARE & SHEETROCK & MORE, LLC

Current Principal Place of Business:

3061 IKE DRIVE
CHIPLEY, FL 32428

New Principal Place of Business:

1104 S MCGEE RD
BONIFAY, FL 32425

Current Mailing Address:

3061 IKE DRIVE
CHIPLEY, FL 32428

New Mailing Address:

1104 S MCGEE RD
BONIFAY, FL 32425

FEI Number: 27-0132727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAULETTE SWEENEY, CECILIA
3061 IKE DRIVE
CHIPLEY, FL 32428 US

Name and Address of New Registered Agent:

PAULETTE SWEENEY, CECILIA
1104 S MCGEE RD
BONIFAY, FL 32425 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: JOHN SWEENEY 04/02/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PAULETTE SWEENEY, CECILIA
Address: 3061 IKE DRIVE
City-St-Zip: CHIPLEY, FL 32428

Title: MGRM ( ) Delete
Name: JOSEPH SWEENEY, JOHN
Address: 3061 IKE DRIVE
City-St-Zip: CHIPLEY, FL 32428

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PAULETTE SWEENEY, CECILIA
Address: 1104 S MCGEE RD
City-St-Zip: BONIFAY, FL 32425

Title: MGRM (X) Change ( ) Addition
Name: JOSEPH SWEENEY, JOHN
Address: 1104 S MCGEE RD
City-St-Zip: BONIFAY, FL 32425

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: JOHN SWEENEY MR 04/02/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date