2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2008
Secretary of State

DOCUMENT# L05000105439

Entity Name: PERFECTION LAWN SERVICES, LLC

Current Principal Place of Business:

9089 FOXWOOD DR SOUTH
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

9089 FOXWOOD DR SOUTH
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-3695285 **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:

SAXON ACCOUNTING & CONSULTING INC
1154 GOVERNORS COURT PLACE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ANGELYN BAGWELL CPA
1625 METROPOLITAN CIRCLE
TALLAHASSEE, FL 32308 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: ANGELYN BAGWELL 07/09/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HANCOCK, MIKE
Address: 9089 FOXWOOD DR SOUTH
City-St-Zip: TALLAHASSEE, FL 32308 US

ADDITIONS/CHANGES:

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: MIKE HANCOCK OWNE 07/09/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date