

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037613

FILED  
Jul 22, 2008  
Secretary of State

**Entity Name:** FAITH LAWNCARE LANDSCAPING AND MAINTENANCE LLC

**Current Principal Place of Business:**

6264 HIGHLAND CT.  
N. LAUDERDALE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

6264 HIGHLAND CT.  
N. LAUDERDALE, FL 33068

**New Mailing Address:**

FEI Number: 27-0096314      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:**

POWELL, TYKE  
6264 HIGHLAND CT.  
N. LAUDERDALE, FL 33068      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: POWELL, TYKE  
Address: 6264 HIGHLAND CT.  
City-St-Zip: N. LAUDERDALE, FL 33068

Title: MGRM      ( ) Delete  
Name: POWELL, ARIELLE  
Address: 6264 HIGHLAND CT.  
City-St-Zip: N. LAUDERDALE, FL 33068

**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: TYKE POWELL

MGR

07/22/2008

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