

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040454

FILED
Feb 05, 2008
Secretary of State

Entity Name: CUTTIN' UP LAWN CARE LLC

Current Principal Place of Business:

6975 ALHAMBRA DRIVE
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

6975 ALHAMBRA DRIVE
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 42-1702048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JAMES DAVID WILLIAMSON JR.
1305 SMOKE RISE LANE
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

JAMES DAVID WILLIAMSON JR.
6975 ALHAMBRA DRIVE
TALLAHASSEE, FL 32317 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: JAMES WILLIAMSON

02/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILLIAMSON, DANIEL
Address: 1305 SMOKE RISE LANE
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM () Delete
Name: WILLIAMSON, DAVE
Address: 1305 SMOKE RISE LANE
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WILLIAMSON, DANIEL
Address: 6975 ALHAMBRA DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM (X) Change () Addition
Name: WILLIAMSON, DAVE
Address: 6975 ALHAMBRA DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

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: DANIEL WILLIAMSON

MGR

02/05/2008

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