

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000045990

**FILED**  
**Apr 01, 2009**  
**Secretary of State**

**Entity Name:** LINDA'S TOTAL YARD CARE,LLC

**Current Principal Place of Business:**

2142 BAYSIDE DR  
SEBRING, FL 33872 US

**New Principal Place of Business:**

**Current Mailing Address:**

2142 BAYSIDE DR  
SEBRING, FL 33872 US

**New Mailing Address:**

**FEI Number:** 20-4673949

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ST JACQUES, LINDA L  
2142 BAYSIDE DR  
SEBRING, FL 33872 US

**Name and Address of New Registered Agent:**

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: MGRM ( ) Delete  
Name: ST JACQUES, LINDA L  
Address: 2142 BAYSIDE DR  
City-St-Zip: SEBRING, FL 33872 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: LINDA L ST JACQUES

MGRM

04/01/2009

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