2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2008
Secretary of State

DOCUMENT# L06000046421

Entity Name: IMAGINE LAWN CARE, LLC

Current Principal Place of Business:

8353 SPLIT CREEK CIRCLE
LAKELAND, FL 33809

New Principal Place of Business:

1736 LIME DR.
WINTER HAVEN, FL 33881

Current Mailing Address:

8353 SPLIT CREEK CIRCLE
LAKELAND, FL 33809

New Mailing Address:

1736 LIME DR.
WINTER HAVEN, FL 33881

FEI Number: 20-4838399 **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:

BRYANT, THOMAS J CPA
4250 S FLORIDA AVE
SUITE 2
LAKELAND, FL 33813 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: MGR ( ) Delete
Name: VILES, KENT
Address: 8353 SPLIT CREEK CIRCLE
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: VILES, KENT
Address: 1736 LIME DR,
City-St-Zip: WINTER HAVEN, FL 33881

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: KENT VILES MGR 07/10/2008

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