2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054170

Entity Name: L & S COMPLETE LAWN AND SHRUB CARE OF OSCEOLA, LLC

FILED Feb 22, 2009 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	BLER AVE D, FL 34772					
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 7 ST CLOUI	00097 D, FL 34770					
FEI Number	: 87-0774064	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
3560 RAM	EROY E JR BLER AVE D, FL 34772	US				
	named entity see of Florida.	submits this statement for the p	ourpose of changing	its registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electron	ic Signature of Registered Age	ent		Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR () JARVIS, LEROY 3560 RAMBLER ST CLOUD, FL	RAVE	Title: Name: Address: City-St-Zip:	CEO (JARVIS, LERO 3560 RAMBLI ST CLOUD, F	ER AVE	
Title: Name: Address: City-St-Zip:	MGRM () JARVIS, ERIK A 3560 RAMBLER ST CLOUD, FL	RAVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () JARVIS, KATHL 3560 RAMBLER ST. CLOUD, FL	RAVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: LEROYJARVIS 02/22/2009