

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055118

FILED
May 21, 2009
Secretary of State

Entity Name: CUTTING EDGE LAWNS, LLC

Current Principal Place of Business:

214 SOUTHWEST FERNLEAF TRAIL
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

1165 SW CYNTHIA ST.
PORT SAINT LUCIE, FL 34983

Current Mailing Address:

P.O. BOX 2441
PALM CITY, FL 34991 US

New Mailing Address:

10380 SW VILLAGE CENTER DRIVE
#318
PORT SAINT LUCIE, FL 34987 US

FEI Number: 22-3932892 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:

GIACHINO, FERNANDO M
17 MARTIN LUTHER KING JR BLVD
SUITE 200
STUART, FL 34994 US

Name and Address of New Registered Agent:

CHOVERKA, ALEXIE M
492 LEAF DRIVE
PALM BEACH GARDENS, FL 33410 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: ALEXIE M. CHOVERKA

05/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHOVERKA, THOMAS E
Address: 214 SOUTHWEST FERNLEAF TRAIL
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: MGR () Delete
Name: CHOVERKA, ALEXIE M
Address: 214 SOUTHWEST FERNLEAF TRAIL
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CHOVERKA, THOMAS E
Address: 492 LEAF DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR (X) Change () Addition
Name: CHOVERKA, ALEXIE M
Address: 492 LEAF DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: ALEXIE M. CHOVERKA

MGR

05/21/2009

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