2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 16, 2007 8:00 am Secretary of State

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MAKE GIBSON, BYRON SIRET ADDRESS SIRET ADDRE	1. Entity Name	MENT # L06000060 'S LAWNCARE, L.L.C.	0596				o7-16-2007 90	•		
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City & State City & State City & State Country Zip Country Zip Country A. FEI Number 30 S-04007 Applied for Not Applied	2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address							
Delete D	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			07042007	Chg-LLC	CR2E083 (12/06)	
B. Name and Address of Current Registered Agent 9. Certificate of Status Bearing Fee Required Fee Required Name Name Name Nume Street Address (P.O. Box Number is Not Acceptable) City FL 2ip Code City FL 2ip Code City FL 2ip Code The above named ently submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fioritia. I am familiar with, and acceptable) City FL 2ip Code The above named ently submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fioritia. I am familiar with, and acceptable to Provide agent and the state of Registered agent	City & State		City & State			4. FEI Number 20 -5042099 Not Applied				
Nume Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Cour	itry	5. Certificat	e of Status Desired			
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code 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. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida Department of State. FILING Florida Department of State International Control of Plants of Florida Department of State of Florida Department of Florida Department of State of Florida Department of Florida Department of State of Florida Depa		6. Name and Address of Current	Registered Agent		Name	7. Name an	d Address of New R	egistered Agen	t	
City	113 LIVE	OAK COURT			Street Address	(P.O. Box Num	ber is Not Acceptable	·)		
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