

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070168

Entity Name: FAST LAWN CARE, LLC.

FILED
May 22, 2009
Secretary of State

Current Principal Place of Business:

9006 W CLUSTER AVE
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

9006 W CLUSTER AVE
TAMPA, FL 33615

New Mailing Address:

FEI Number: 20-5176060 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:

CUEVAS, EZEQUIEL III
9006 W CLUSTER AVE
TAMPA, FL 33615 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: CUEVAS, JULIE B
Address: 9006 W CLUSTER AVE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: CUEVAS, EZEQUIEL JR
Address: 9006 W CLUSTER AVE
City-St-Zip: TAMPA, FL 33615

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: CUEVAS, EZEQUIEL III
Address: 9006 W CLUSTER AVE
City-St-Zip: TAMPA, FL 33615

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: JULIE CUEVAS

MGRM

05/22/2009

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