

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000082405

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**Entity Name:** CIRCLE T TOTAL LAWN CARE LLC

**Current Principal Place of Business:**

971 CHAMBERLIN TRAIL  
SAINT CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

971 CHAMBERLIN TRAIL  
SAINT CLOUD, FL 34772

**New Mailing Address:**

**FEI Number:** 20-5414133

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ENDCIOTT, JAMES K  
971 CHAMBERLIN TRAIL  
SAINT CLOUD, FL 34772 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  
**Name:** ENDICOTT, JAMES K  
**Address:** 971 CHAMBERLIN TRAIL  
**City-St-Zip:** SAINT CLOUD, FL 34772 US

**Title:** MGRM  
**Name:** ENDICOTT, CHRISTINE M  
**Address:** 971 CHAMBERLIN TRAIL  
**City-St-Zip:** SAINT CLOUD, FL 34772 US

I hereby 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:** JAMES K ENDICOTT

CEO

02/10/2010

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