

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082842

FILED
Apr 30, 2009
Secretary of State

Entity Name: CUSTOM PROPERTY CARE, L.L.C.

Current Principal Place of Business:

1734 KNIGHTS CT
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

1734 KNIGHTS CT
NAPLES, FL 34112

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAWNER, JAMES
1734 KNIGHTS CT
NAPLES, FL 34112 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: BRAWNER, JAMES
Address: 1734 KNIGHTS CT.
City-St-Zip: NAPLES, FL 34112

Title: MGRM () Delete
Name: BRAWNER, CHAD
Address: 1734 KNIGHTS CT
City-St-Zip: NAPLES, FL 34112

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: BRAWNER, JAMES
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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: JAMES O. BRAWNER

MGRM

04/30/2009

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