

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085061

FILED
Apr 18, 2009
Secretary of State

Entity Name: VMA QUALITY LAWN CARE, L.L.C.

Current Principal Place of Business:

4231 AUDUBON OAKS CIRCLE
APT 202
LAKELAND, FL 33809

New Principal Place of Business:

1 LAKE HOLLINGSWORTH DRIVE
APT 1
LAKELAND, FL 33803

Current Mailing Address:

4231 AUDUBON OAKS CIRCLE
APT 202
LAKELAND, FL 33809

New Mailing Address:

1 LAKE HOLLINGSWORTH DRIVE
APT 1
LAKELAND, FL 33803

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

Name and Address of Current Registered Agent:

AMBROSE, VINNIE MILES
4231 AUDUBON OAKS CIRCLE
APT 202
LAKELAND, FL 33809 US

Name and Address of New Registered Agent:

AMBROSE, VINNIE MILES
1 LAKE HOLLINGSWORTH DRIVE
APT 1
LAKELAND, FL 33803 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: _____

04/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AMBROSE, VINNIE MILES
Address: 4231 AUDUBON OAKS CIRCLE APT 202
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AMBROSE, VINNIE MILES
Address: 1 LAKE HOLLINGSWORTH DRIVE-#1
City-St-Zip: LAKELAND, FL 33803

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: VINNIE AMBROSE

MGR

04/18/2009

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