

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000085305

**FILED**  
**Jan 14, 2010**  
**Secretary of State**

**Entity Name:** COUNTRY BILLS LAWN CARE, LLC

**Current Principal Place of Business:**

13363 NE 16TH AVE  
NORTH MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

13363 NE 16TH AVE  
NORTH MIAMI, FL 33181

**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:**

ALLRED, JOHN  
13363 NE 16TH AVE  
NORTH MIAMI, FL 33181 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: PRES  
Name: ALLRED, JOHN  
Address: 13363 NE 16TH AVE  
City-St-Zip: NORTH MIAMI, FL 33181

Title: MGR  
Name: ALLRED, JOHN SR  
Address: 13363 NE 16TH AVE  
City-St-Zip: NORTH MIAMI, FL 33181

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: JOHN ALLRED

PRES

01/14/2010

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