

# 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