

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088275

FILED
Jan 15, 2008
Secretary of State

Entity Name: CRAWFORD LAWN CARE LLC

Current Principal Place of Business:

6285 TANGERINE AVENUE
BUNNELL, FL 32110

New Principal Place of Business:

6285 TANGERINE AVENUE
BUNNELL, FL 32110 US

Current Mailing Address:

6285 TANGERINE AVENUE
BUNNELL, FL 32110

New Mailing Address:

6285 TANGERINE AVENUE
BUNNELL, FL 32110 US

FEI Number: 20-5655314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, CHRISTOPHER P
6285 TANGERINE AVENUE
BUNNELL, FL 32110 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: CRAWFORD, CHRISTOPHER P
Address: 6285 TANGERINE AVENUE
City-St-Zip: BUNNELL, FL 32110

Title: MGRM () Delete
Name: CRAWFORD, JOSEPH R
Address: 139 EAST COUNTY ROAD 2006, P.O. BOX 391
City-St-Zip: BUNNELL, FL 32110

ADDITIONS/CHANGES:

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

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

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: CHRISTOPHER P CRAWFORD

MGRM

01/15/2008

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