

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098970

Entity Name: JOEY'S LAWN SPRAY SERVICE LLC

FILED
Feb 23, 2009
Secretary of State

Current Principal Place of Business:

1048 CHELSEA WAY
PORT ORANGE, FL 32127

New Principal Place of Business:

1838 JAMES STREET
SOUTH DAYTONA, FL 32119

Current Mailing Address:

1048 CHELSEA WAY
PORT ORANGE, FL 32127

New Mailing Address:

1838 JAMES STREET
SOUTH DAYTONA, FL 32119

FEI Number: 20-5690086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAIR, MELODY H
1500 BEVILLE RD
STE 606-322
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

LINDMEIER, JOSEPH K
1838 JAMES STREET
SOUTH DAYTONA, FL 32119 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: JOSEPH K. LINDMEIER

02/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LINDMEIER, JOSEPH KENNETH
Address: 1048 CHELSEA WAY
City-St-Zip: PORT ORANGE, FL 32127

Title: ST (X) Delete
Name: LINDMEIER, JOSEPH KENNETH
Address: 1048 CHELSEA WAY
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LINDMEIER, JOSEPH K
Address: 1838 JAMES STREET
City-St-Zip: SOUTH DAYTONA, FL 32119

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: JOSEPH K. LINDMEIER

MGR

02/23/2009

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