


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 A
Secretary of State

DOCUMENT # L06000100305 1. Entity Name BEACHSIDE LAWN CARE LLC	
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Principal Place of Business 27 RAMBLEWOOD DRIVE PALM COAST, FL 32164	Mailing Address 27 RAMBLEWOOD DRIVE PALM COAST, FL 32164
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5706615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**REZENDES, WAYNE
27 RAMBLEWOOD DRIVE
PALM COAST, FL 32164**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REZENDES, WAYNE 27 RAMBLEWOOD DRIVE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REZENDES, SHAWN 38 WEDGEWOOD LANE PALM COAST, FL 32164
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02/28/08-80015-024 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE: Wayne Rezendes **2-15-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #