2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L06000114709

Entity Name: MOW & BLOW LLC

Current Principal Place of Business:

6799 CARMELLE DRIVE
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

6799 CARMELLE DRIVE
FT. MYERS, FL 33919

New Mailing Address:

PO BOX 07456
FT. MYERS, FL 33919

FEI Number: 20-5806187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FRAZIER, RYAN A
6799 CARMELLE DRIVE
FT. MYERS, FL 33919 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: MGR ( ) Delete
Name: FRAZIER, RYAN A
Address: 6799 CARMELLE DRIVE
City-St-Zip: FT. MYERS, FL 33919

Title: MGRM ( ) Delete
Name: FRAZIER, JOANN
Address: 6799 CARMELLE DRIVE
City-St-Zip: FT. MYERS, FL 33919

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FRAZIER, RYAN A
Address: 6799 CARMELLE DRIVE
City-St-Zip: FT. MYERS, FL 33919

Title: MGR (X) Change ( ) Addition
Name: FRAZIER, JOANN
Address: 6799 CARMELLE DRIVE
City-St-Zip: FT. MYERS, FL 33919

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: RYAN FRAZIER MGRM 05/01/2009

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