

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015034

FILED
Apr 14, 2009
Secretary of State

Entity Name: REVELS LAWN CARE LLC

Current Principal Place of Business:

54027 JAMIE DRIVE
CALLAHAN, FL 32011

New Principal Place of Business:

Current Mailing Address:

54027 JAMIE DRIVE
CALLAHAN, FL 32011

New Mailing Address:

FEI Number: 20-8381835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REVELS, RALPH D II
54027 JAMIE DRIVE
CALLAHAN, FL 32011 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: REVELS, DEBBIE MGR
Address: 11401 SIMMONS RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM () Delete
Name: REVELS, RALPH D MGRM
Address: 11401 SIMMONS RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM () Delete
Name: REVELS, II, RALPH D MGRM
Address: 54027 JAMIE DRIVE
City-St-Zip: CALLAHAN, FL 32011

ADDITIONS/CHANGES:

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

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: RALPH DEMPSEY REVELS II

MGRM

04/14/2009

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