

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023010

FILED
May 01, 2008
Secretary of State

Entity Name: INTEGRATED TURF CARE, LLC

Current Principal Place of Business:

12538 WILES ROAD
CORAL SPRINGS, FL 33065

New Principal Place of Business:

12538 WILES ROAD
CORAL SPRINGS, FL 33076

Current Mailing Address:

12538 WILES ROAD
CORAL SPRINGS, FL 33065

New Mailing Address:

12538 WILES ROAD
CORAL SPRINGS, FL 33076

FEI Number: 20-8678968 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:

SLATKIN, JASON E
SLATKIN & REYNOLDS, P.A.
ONE EAST BROWARD BOULEVARD, SUITE 700
FT. LAUDERDALE, FL 33301 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: PERKINS, KENNETH
Address: 12538 WILES ROAD
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGR () Change (X) Addition
Name: BOYLE, LAWRENCE
Address: 12538 WILES ROAD
City-St-Zip: CORAL SPRINGS, FL 33076

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: KENNETH PERKINS

MGR

05/01/2008

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