

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000030123

FILED
Feb 23, 2009
Secretary of State

Entity Name: COASTAL LAWN CARE MANAGEMENT LLC

Current Principal Place of Business:

1678 SYCAMORE AVE
NICEVILLE, FL 32578

New Principal Place of Business:

309 WASHINGTON AVE
VALPARIASO, FL 32580

Current Mailing Address:

P.O. BOX 763
NICEVILLE, FL 32588

New Mailing Address:

1114 E. JOHN SIMS PKWY, #212
NICEVILLE, FL 32578

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, CHRIS A
1678 SYCAMORE AVE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

JONES, TRAVIS L
309 WASHINGTON AVE
VALPARAISO, FL 32580 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: TRAVIS L. JONES

02/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CARTER, CHRIS A
Address: 1678 SYCAMORE AVE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CURRIE, MELISSA A
Address: 115 NOBLE DR.
City-St-Zip: HUNTSVILLE, AL 35802

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: MELISSA A. CURRIE

MGMR

02/23/2009

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