2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000030270

Name:

Address:

City-St-Zip:

FLYNN, TIMOTHY T

18030 SCOOTER CT.

SPRING HILL, FL 34610

Entity Name: FLYNNS' LAWN CARE LLC

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8206 CLOVER HILL LOOP HUDSON, FL 34667 **Current Mailing Address: New Mailing Address:** P.O. BOX 6837 HUDSON, FL 34674 FEI Number: 20-8714136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FLYNN, ROGER P 8206 CLOVER HILL LOOP HUDSON, FL 34667 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete FLYNN, ROGER P Name: Name: Address: 8206 CLOVER HILL LOOP Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: FLYNN, VELVA J Name: Address: 8206 CLOVER HILL LOOP Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition FLYNN, DUSTIN D Name: Name: 1270 LAGOON ROAD Address: Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROGER P. FLYNN MGRM 04/14/2009