

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000030270

Entity Name: FLYNNS' LAWN CARE LLC

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8206 CLOVER HILL LOOP  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6837  
HUDSON, FL 34674

**New Mailing Address:**

FEI Number: 20-8714136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLYNN, ROGER P  
8206 CLOVER HILL LOOP  
HUDSON, FL 34667 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: MGRM  
Name: FLYNN, ROGER P  
Address: 8206 CLOVER HILL LOOP  
City-St-Zip: HUDSON, FL 34667

Title: MGRM  
Name: FLYNN, VELVA J  
Address: 8206 CLOVER HILL LOOP  
City-St-Zip: HUDSON, FL 34667

Title: MGRM  
Name: FLYNN, DUSTIN D  
Address: 172.5 LAGOON ROAD  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM  
Name: FLYNN, TIMOTHY T  
Address: 1775 HUNTERS LANE  
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby 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: ROGER P. FLYNN

MGRM

02/21/2011

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