

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056046

FILED
Apr 22, 2009
Secretary of State

Entity Name: ASTRO LAWN & LANDSCAPE, LLC

Current Principal Place of Business:

2833 48TH WAY EAST
BRADENTON, FL 34203 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 20251
BRADENTON, FL 34204 US

New Mailing Address:

FEI Number: 26-2351853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIGGINS, BRIAN J
2833 48TH WAY EAST
BRADENTON, FL 34203 US

Name and Address of New Registered Agent:

MIXON, SCOTT S
2833 48TH WAY EAST
BRADENTON, FL 34203 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: SCOTT S MIXON

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WIGGINS, BRIAN J
Address: 2833 48TH WAY EAST
City-St-Zip: BRADENTON, FL 34203 US

Title: MGRM () Delete
Name: MIXON, SCOTT S
Address: 2833 48TH WAY EAST
City-St-Zip: BRADENTON, FL 34203 US

Title: MGRM (X) Delete
Name: STOVALL, BRANDON
Address: 2833 48TH WAY EAST
City-St-Zip: BRADENTON, FL 34203 US

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: SCOTT S MIXON

MRGM

04/22/2009

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