

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057429

FILED
May 13, 2009
Secretary of State

Entity Name: ARTISAN TREE AND LAWN L.L.C.

Current Principal Place of Business:

1090 DEAN ST.
ST.CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

1090 DEAN ST.
ST.CLOUD, FL 34771

New Mailing Address:

510 W. 2ND STREET
LAKELAND, FL 33801

FEI Number: 61-1533213 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:

MCGRINN, DAVID E JR
1090 DEAN ST.
ST. CLOUD, FL 34771 US

Name and Address of New Registered Agent:

CLARK, DESMOND
1090 DEAN STREET
SAINT CLOUD, FL 34771 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: DESMOND CLARK

05/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCGRINN, DAVID E JR
Address: 1090 DEAN ST
City-St-Zip: ST. CLOUD, FL 34771 US

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CLARK, DESMOND
Address: 510 W. 2ND STREET
City-St-Zip: LAKELAND, FL 33801 US

Title: MGR () Change (X) Addition
Name: DAVIS, LESTER
Address: 510 W. 2ND STREET
City-St-Zip: LAKELAND, FL 33801

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: DESMOND CLARK

MGR

05/13/2009

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