

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057911

FILED  
Aug 11, 2009  
Secretary of State

Entity Name: LAWN CARE MASTERS LLC

**Current Principal Place of Business:**

2516 SE 22ND AVE  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

2516 SE 22ND AVE  
CAPE CORAL, FL 33904

**New Mailing Address:**

FEI Number: 51-0638583      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:**

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

MASTERS, MICHAEL  
2516 SE 22ND AVE  
CAPE CORAL, FL 33904      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MASTERS, MICHAEL  
Address: 2516 SE 22ND AVE  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGR      ( ) Delete  
Name: MASTERS, NICHOL  
Address: 2516 SE 22ND AVE  
City-St-Zip: CAPE CORAL, FL 33904 US

**ADDITIONS/CHANGES:**

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: MICHAEL MASTERS

MGR

08/11/2009

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