

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063526

FILED  
May 06, 2009  
Secretary of State

Entity Name: TOP GUN LAWN CARE LLC

## Current Principal Place of Business:

6310 E. TREMONT STREET  
INVERNESS, FL 34452 US

## New Principal Place of Business:

## Current Mailing Address:

6310 E. TREMONT STREET  
INVERNESS, FL 34452 US

## New Mailing Address:

FEI Number: 26-0390503      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:

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 US

## Name and Address of New Registered Agent:

ALL FLORIDA FIRM INC  
813 DELTONA BLVD  
STE A  
DELTONA, FL 32725 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: DEVIN NEWMAN FOR ALL FLORIDA FIRM INC

05/06/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: PARRISH, JAMES L  
Address: 6310 E. TREMONT STREET  
City-St-Zip: INVERNESS, FL 34452 US

Title: MGRM ( ) Delete  
Name: PARRISH, KIMBERLY  
Address: 6310 E. TREMONT STREET  
City-St-Zip: INVERNESS, FL 34452 US

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

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

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: PARRISH, BRITNEY L  
Address: 6310 E TREMONT STREET  
City-St-Zip: INVERNESS, FL 34452 US

Title: T ( ) Change (X) Addition  
Name: PARRISH, ROBERT W  
Address: 525 MIDDLEFIELD RD  
City-St-Zip: MENLO PARK, CA 94025 US

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: DEVIN NEWMAN FOR JAMES L PARRISH

MGRM

05/06/2009

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