## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000097369

6924 TURTLE MOUND ROAD

NEW SMYRNA BEACH, FL 32169

Address:

City-St-Zip:

Entity Name: TOP NOTCH LAWN AND SHRUB CARE, LLC

FILED Apr 04, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6924 TURTLE MOUND ROAD NEW SMYRNA BEACH, FL 32169 **Current Mailing Address: New Mailing Address:** 687 SE 22ND DRIVE HOMESTEAD, FL 33033 FEI Number: 77-0700117 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COCKE, MILDRED HOWNER 687 SE 22ND DRIVE HOMESTEAD, FL 33033 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete COCKE, MILDRED H Name: Name: Address: 687 SE 22ND DRIVE Address: City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BROWN, DUSTIN P Name: Address: 6924 TURTLE MOUND ROAD Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BROWN, EDMUND J JR Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MILDRED H. COCKE MANA 04/04/2009