

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000097369

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Entity Name:** TOP NOTCH LAWN AND SHRUB CARE, LLC

**Current Principal Place of Business:**

6924 TURTLE MOUND ROAD  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

687 SE 22ND DRIVE  
HOMESTEAD, FL 33033

**New Mailing Address:**

**FEI Number:** 77-0700117

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COCKE, MILDRED H OWNER  
687 SE 22ND DRIVE  
HOMESTEAD, FL 33033 US

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

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: MGRM  
Name: COCKE, MILDRED H  
Address: 687 SE 22ND DRIVE  
City-St-Zip: HOMESTEAD, FL 33033

Title: MGRM  
Name: BROWN, DUSTIN P  
Address: 6924 TURTLE MOUND ROAD  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGRM  
Name: BROWN, EDMUND J JR  
Address: 6924 TURTLE MOUND ROAD  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby 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: MILDRED H. COCKE

OWNE

03/12/2012

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