

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098705

FILED
Apr 29, 2009
Secretary of State

Entity Name: EAST COAST LAWNS OF PALM COAST, LLC

Current Principal Place of Business:

19 ROBIN HOOD LANE
PALM COAST, FL 32164

New Principal Place of Business:

19 ROBIN HOOD LANE
19 ROBIN HOOD LANE
PALM COAST, FL 32164

Current Mailing Address:

19 ROBIN HOOD LANE
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 26-1074976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINTON, MARIA
19 ROBIN HOOD LANE
PALM COAST, FL 32164 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: MGR () Delete
Name: LINTON, BRETT
Address: 19 ROBIN HOOD LANE
City-St-Zip: PALM COAST, FL 32164

Title: MGR () Delete
Name: LINTON, MARIA
Address: 19 ROBIN HOOD LANE
City-St-Zip: PALM COAST, FL 32164

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: MARIA LINTON

MGR

04/29/2009

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