

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 20, 2009**  
**Secretary of State**

**DOCUMENT#** L07000113624

**Entity Name:** LOVEJOY'S LAWN SERVICE LLC

**Current Principal Place of Business:**

2957 KEYSTONE HEIGHTS  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

2957 KEYSTONE HEIGHTS  
APOPKA, FL 32703

**New Mailing Address:**

**FEI Number:** 36-4619175

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** (X)

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

LOVEJOY, MICHAEL JAY  
2957 KEYSTONE HEIGHTS  
APOPKA, FL 32703 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 ( ) Delete  
Name: LOVEJOY, MICHAEL JAY  
Address: 2957 KEYSTONE HEIGHTS  
City-St-Zip: APOPKA, FL 32703

Title: MGRM ( ) Delete  
Name: LOVEJOY, SANDRA M  
Address: 2957 KEYSTONE HEIGHTS  
City-St-Zip: APOPKA, FL 32703

**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: SANDRA M. LOVEJOY

MGRM

01/20/2009

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