

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000114575

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** TROPICAL TURF CARE LLC

**Current Principal Place of Business:**

5013 RIVERLAKE ROAD  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

801 MAGNOLIA PL  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

5013 RIVERLAKE ROAD  
WINTER HAVEN, FL 33884

**New Mailing Address:**

P.O. BOX 1693  
WINTER HAVEN, FL 33882

**FEI Number:** 83-0498866

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MOORE, JOSEPH B  
5013 RIVERLAKE ROAD  
WINTER HAVEN, FL 33884 US

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

MOORE, ERIC C  
801 MAGNOLIA PL  
WINTER HAVEN, FL 33884 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: ERIC C MOORE

01/03/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MOORE, ERIC C  
Address: 801 MAGNOLIA PL  
City-St-Zip: WINTER HAVEN, FL 33884

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: ERIC C MOORE

MGRM

01/03/2012

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