

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006551

FILED  
Jul 13, 2009  
Secretary of State

**Entity Name:** PICTURE PERFECT LAWN CARE & PRESSURE WASHING LLC

**Current Principal Place of Business:**

237 WEBSTER ROAD  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

237 WEBSTER ROAD  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

18 NAVAJO TRAIL  
CRAWFORDVILLE, FL 32327

FEI Number: 30-0403883      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ROBERTS, CHANDRA D  
237 WEBSTER ROAD  
CRAWFORDVILLE, FL 32327      US

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

ROBERTS, CHANDRA D  
18 NAVAJO TRAIL  
CRAWFORDVILLE, FL 32327      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: \_\_\_\_\_

07/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROBERTS, CHANDRA D  
Address: 237 WEBSTER ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM ( ) Delete  
Name: ROBERTS, SHAY  
Address: 237 WEBSTER ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROBERTS, CHANDRA D  
Address: 18 NAVAJO TRAIL  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM (X) Change ( ) Addition  
Name: ROBERTS, SHAY  
Address: 18 NAVAJO TRAIL  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: CHANDRA ROBERTS

OMNE

07/13/2009

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