

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000025340

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** SOUTHERN TRADITION LANDSCAPE CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

12343 WESTFIELD LAKES CIRCLE  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

8879 W. COLONIAL DR  
BOX 150  
OCOOEE, FL 34761

**New Mailing Address:**

**FEI Number:** 26-2191993

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLAUVELT, WILLIAM B  
12343 WESTFIELD LAKES CIRCLE  
WINTER GARDEN, FL 34787 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:** BLAUVELT, WILLIAM B  
**Address:** 12343 WESTFIELD LAKES CIRCLE  
**City-St-Zip:** WINTER GARDEN, FL 34787

**Title:** MGR  
**Name:** BLAUVELT, DAWN M  
**Address:** 12343 WESTFIELD LAKES CIRCLE  
**City-St-Zip:** WINTER GARDEN, FL 34787 US

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: BILL BLAUVELT

MGRM

01/05/2010

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