

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000038663

Entity Name: CAPITAL LAWN GROUP, LLC

FILED  
Aug 24, 2009  
Secretary of State

## Current Principal Place of Business:

9141 SAN CARLOS BLVD  
FT MYERS, FL 33967

## New Principal Place of Business:

8470 KINGBIRD LOOP  
1017  
FT MYERS, FL 33967

## Current Mailing Address:

9141 SAN CARLOS BLVD  
FT MYERS, FL 33967

## New Mailing Address:

P.O. BOX 958  
ESTERO, FL 33929

FEI Number: 26-2447280      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

GREEN, BRUCE D  
3180 ROYAL PALM SQUARE BLVD  
FT MYERS, FL 33919 US

## Name and Address of New Registered Agent:

LOMBARD, NATE A  
8470 KINGBIRD LOOP  
1017  
FT MYERS, FL 33967 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: NATE A. LOMBARD

08/24/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: LOMBARD, NATE A  
Address: 9141 SAN CARLOS BLVD  
City-St-Zip: FT MYERS, FL 33967

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: LOMBARD, NATE A  
Address: 8470 KINGBIRD LOOP APT. 1017  
City-St-Zip: FT MYERS, FL 33967

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: NATE A. LOMBARD

MGR

08/24/2009

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