

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000047137

FILED
Apr 15, 2009
Secretary of State

Entity Name: NEW LIFE LAWN & LANDSCAPE, LLC

Current Principal Place of Business:

513 E. WASHINGTON ST.
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

513 E. WASHINGTON ST.
STARKE, FL 32091

New Mailing Address:

FEI Number: 26-2608343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

BLAKESLEE, TERRY J
513 E. WASHINGTON ST.
STARKE, FL 32091 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: TERRY J. BLAKESLEE

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BLAKESLEE, TERRY
Address: 513 E. WASHINGTON ST.
City-St-Zip: STARKE, FL 32091

Title: MGRM () Delete
Name: BLAKESLEE, LOIS
Address: 513 E. WASHINGTON ST.
City-St-Zip: STARKE, FL 32091

Title: MGRM () Delete
Name: JOHNSON, AARON
Address: 1366 BLANDING ST.
City-St-Zip: STARKE, FL 32091

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TERRY J. BLAKESLEE

MGRM

04/15/2009

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