# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 22, 2009**
**Secretary of State**

DOCUMENT# L08000057883

**Entity Name:** EXCELL LAWN AND LANDSCAPING LLC

**Current Principal Place of Business:**

10434 NE 104TH CIRCLE
OXFORD, FL 34484

**New Principal Place of Business:**

**Current Mailing Address:**

10434 NE 104TH CIRCLE
OXFORD, FL 34484

**New Mailing Address:**

P.O. BOX 213
OXFORD, FL 34484

**FEI Number: 26-2786963** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

COYNE, VINCENT R
10434 NE 104TH CIRCLE
OXFORD, FL 34484 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: MGR ( ) Delete
Name: COYNE, VINCENT R
Address: 10434 NE 104TH CIRCLE
City-St-Zip: OXFORD, FL 34484

Title: MGRM ( ) Delete
Name: COYNE, CHRISTINA L
Address: 10434 NE 104TH CIRCLE
City-St-Zip: OXFORD, FL 34484

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: COYNE, CHRISTINA L
Address: 10434 NE 104TH CIRCLE
City-St-Zip: OXFORD, FL 34484

Title: MGRM (X) Change ( ) Addition
Name: COYNE, VINCENT R
Address: 10434 NE 104TH CIRCLE
City-St-Zip: OXFORD, FL 34484

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: CHRISTINA L. COYNE MGR 04/22/2009

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