2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L08000062896

Entity Name: YOUR CHOICE LANDSCAPE, LLC

Current Principal Place of Business:

1614 COBBLER DRIVE
LUTZ, FL 33559 US

New Principal Place of Business:

Current Mailing Address:

1614 COBBLER DRIVE
LUTZ, FL 33559 US

New Mailing Address:

FEI Number: 26-2961270 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLARKE, PHILIP
1505 N. FLORIDA AVENUE
TAMPA, FL 33601 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: STRIPLING, MARGARITA
Address: 1614 COBBLER DRIVE
City-St-Zip: LUTZ, FL 33559 US

Title: MGR ( ) Delete
Name: STIPLING, JAY
Address: 1614 COBBLER DRIVE
City-St-Zip: LUTZ, FL 33559 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: STRIPLING, MARGARITA S
Address: 1614 COBBLER DRIVE
City-St-Zip: LUTZ, FL 33559 US

Title: MGR (X) Change ( ) Addition
Name: STRIPLING, HARLICE
Address: 1614 COBBLER DRIVE
City-St-Zip: LUTZ, FL 33559 US

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: HARLICE STRIPLING JR. MGR 04/28/2009

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