

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000069781

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** WAGNER LAWN CARE, LLC

**Current Principal Place of Business:**

7114 N HABANA AVE  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

7114 N HABANA AVE  
TAMPA, FL 33614 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CONTRACTORS REPORTING SERVICE, INC.  
2001 W BUSCH BLVD  
STE A  
TAMPA, FL 33612 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: WAGNER, TWILA  
Address: 7114 N HABANA AVE  
City-St-Zip: TAMPA, FL 33614 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: TWILA WAGNER

MGRM

04/28/2011

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