

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000080329

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** PRISTINE LAWN AND POOL CARE, LLC

**Current Principal Place of Business:**

11705 ALPINE PKWY  
PORT RICHEY, FL 34668 US

**New Principal Place of Business:**

11024 LIGHTWOOD ST  
SPRING HILL, FL 34608 US

**Current Mailing Address:**

11705 ALPINE PKWY  
PORT RICHEY, FL 34668 US

**New Mailing Address:**

11024 LIGHTWOOD ST  
SPRING HILL, FL 34608 US

**FEI Number:** 26-3192983

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOOLRIDGE, WILLIE  
11705 ALPINE PKWY  
PORT RICHEY, FL 34668 US

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

WOOLRIDGE, WILLIE  
11024 LIGHTWOOD ST  
SPRING HILL, FL 34608 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: WILLIE WOOLRIDGE

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WOOLRIDGE, WILLIE  
Address: 11024 LIGHTWOOD ST  
City-St-Zip: SPRING HILL, FL 34608 US

Title: MGR  
Name: WOOLRIDGE, LINDA  
Address: 11024 LIGHTWOOD ST  
City-St-Zip: SPRING HILL, FL 34608 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: WILLIE WOOLRIDGE

MGR

04/30/2012

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