

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083514

FILED
Mar 22, 2009
Secretary of State

Entity Name: DISTINCTIVE LAWN CARE LLC

Current Principal Place of Business:

31842 CROSSWOODS WAY
WESLEY CHAPEL, FL 33543 US

New Principal Place of Business:

Current Mailing Address:

31842 CROSSWOODS WAY
WESLEY CHAPEL, FL 33543 US

New Mailing Address:

FEI Number: 01-0916661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NASH, P. STEPHEN
31842 CROSSWOODS WAY
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

NASH, P. STEPHEN MGRM
31842 CROSSWOODS WAY
WESLEY CHAPEL, FL 33543 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: P. STEPHEN NASH

03/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NASH, P. STEPHEN
Address: 31842 CROSSWOODS WAY
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: MGRM () Delete
Name: NASH, CHARLOTTE M
Address: 31842 CROSSWOODS WAY
City-St-Zip: WESLEY CHAPEL, FL 33543 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NASH, P. STEPHEN MGRM
Address: 31842 CROSSWOODS WAY
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: MGRM (X) Change () Addition
Name: NASH, CHARLOTTE M MGRM
Address: 31842 CROSSWOODS WAY
City-St-Zip: WESLEY CHAPEL, FL 33543 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: P. STEPHEN NASH

MGRM

03/22/2009

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