

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000084145

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** OVER THE TOP LAWN CARE & HAULING, LLC

**Current Principal Place of Business:**

436 WENTHROP CIRCLE  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

436 WENTHROP CIRCLE  
ROCKLEDGE, FL 32955

**New Mailing Address:**

**FEI Number:** 26-2706054

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RICHARDSON, JULIA  
436 WENTHROP CIRCLE  
ROCKLEDGE, FL 32955 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:** BASS, THOMAS P  
**Address:** 436 WENTHROP CIRCLE  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** MGRM  
**Name:** RICHARDSON, JULIA  
**Address:** 436 WENTHROP CIRCLE  
**City-St-Zip:** ROCKLEDGE, FL 32955

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:** JULIA RICHARDSON

MGRM

04/29/2010

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