

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093926

FILED  
Apr 25, 2009  
Secretary of State

Entity Name: CENTRAL FLORIDA LAWN AND POOL LLC

**Current Principal Place of Business:**

6790 CANBURY DRIVE  
LAKELAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

6790 CANBURY DRIVE  
LAKELAND, FL 33809

**New Mailing Address:**

FEI Number: 26-3479601

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

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

HAYNES, ELBERT S JR  
6790 CANBURY DR.  
LAKELAND, FL 33809 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: ELBERT S. HAYNES JR.

04/25/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HAYNES, ELBERT S  
Address: 6790 CANBURY DRIVE  
City-St-Zip: LAKELAND, FL 33809

Title: MGRM ( ) Delete  
Name: HAYNES, VICKI L  
Address: 6790 CANBURY DRIVE  
City-St-Zip: LAKELAND, FL 33809

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HAYNES, ELBERT S JR  
Address: 6790 CANBURY DRIVE  
City-St-Zip: LAKELAND, FL 33809

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ELBERT S. HAYNES JR.

MGRM

04/25/2009

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