

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000096303

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** BANKS COMPLETE LAWN CARE COMMERCIAL AND RESIDENTIAL, LLC

**Current Principal Place of Business:**

3726 SAVOY LANE  
A-1  
WEST PALM BEACH,, FL 33417

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 631  
631  
WEST PALM BEACH,, FL 33402

**New Mailing Address:**

**FEI Number:** 26-3568488

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRICE, TANGELA N MRS.  
3726 SAVOY LANE  
A-1  
WEST PALM BEACH, FL 33417 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: MGR  
Name: PRICE, TANGELA N  
Address: 3726 SAVOY LANE A-1  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: MGR  
Name: BANKS, ALBERT  
Address: P.O. BOX 631  
City-St-Zip: WEST PLM BEACH, FL 33402

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: TANGELA N. PRICE

MRS.

02/18/2010

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