## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000098594

Title:

Name:

Address:

City-St-Zip:

MGRM

WATTS, TOMMY S

SPARR, FL 32113

13850 NE 53RD CT RD

( ) Delete

Entity Name: LAND FORMING SERVICES, LLC

FILED Jan 25, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3264 MANHATTAN AVE GREEN COVE SPRINGS, FL 32043 US **Current Mailing Address: New Mailing Address:** 3264 MANHATTAN AVE GREEN COVE SPRINGS, FL 32043 US FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUTCHINGS, WILLIAM H 3264 MANHATTAN AVE GREEN COVE SPRINGS, FL 32043 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete HUTCHINGS, WILLIAM H Name: Name: 3264 MANHATTAN AVE Address: Address: City-St-Zip: GREEN COVE SPRINGS, FL 32043 US City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition Name: LINK, NICHOLAS C Name: HUTCHINGS, MICHAEL B Address: 139 TANNER RD Address: 1817 WESTON CIRCLE City-St-Zip: FLORAHOME, FL 32140 US City-St-Zip: ORANGE PARK, FL 32003 US Title: MGRM () Delete Title: () Change () Addition HUTCHINGS, WILLIAM K Name: Name: Address: 737 MYRTLE AVE Address: City-St-Zip: GREEN COVE SPRINGS, FL 32043 US 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: WILLIAM H HUTCHINGS MGRM 01/25/2009