

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000043365

FILED  
Mar 19, 2010  
Secretary of State

**Entity Name:** SOUTHERN STYLE LAWN SERVICE LLC

**Current Principal Place of Business:**

14306 NW 154TH TERRACE  
ALACHUA, FL 32615

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1421  
ALACHUA, FL 32616

**New Mailing Address:**

16015 NW 243RD WAY  
HIGH SPRINGS, FL 32643

FEI Number: 26-4750858

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEWIS, MARTHA D  
14306 NW 154TH TERRACE  
ALACHUA, FL 32615 US

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

LEWIS, ELIZABETH A  
16015 NW 243RD WAY  
HIGH SPRINGS, FL 32643 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: ELIZABETH A LEWIS

03/19/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LEWIS, MARTHA D  
Address: P O BOX 1421  
City-St-Zip: ALACHUA, FL 32616

Title: MGRM  
Name: LEWIS, LANCE A  
Address: 16015 NW 243RD WAY  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: MGRM  
Name: LEWIS, EIZABETH A  
Address: 16015 NW 243RD WAY  
City-St-Zip: HIGH SPRINGS, FL 32643

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: MARTHA D LEWIS

MGRM

03/19/2010

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