

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000044447

**Entity Name:** GREENSCAPES LAWN CARE LLC

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5392 STAGHORNE RD  
CRESTVIEW, FL 32539

**New Principal Place of Business:**

**Current Mailing Address:**  
5392 STAGHORNE RD  
CRESTVIEW, FL 32539

**New Mailing Address:**

FEI Number: 80-0416552      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CRAWFORD, DANNY  
5392 STAGHORNE RD  
CRESTVIEW, FL 32539    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:            CRAWFORD, DANNY  
Address:        5392 STAGHORNE RD  
City-St-Zip:     CRESTVIEW, FL 32539

Title:            MGRM  
Name:            CRAWFORD, BRYAN  
Address:        5392 STAGHORNE RD  
City-St-Zip:     CRESTVIEW, FL 32539

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: DANNY CRAWFORD

MGR

05/01/2010

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