

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000045870

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** LITTLE CYPRESS GOLF AND TURF CARE LLC

**Current Principal Place of Business:**

1285 STATE ROAD 64 W  
WAUCHULA, FL 33873

**New Principal Place of Business:**

**Current Mailing Address:**

1285 STATE ROAD 64 W  
WAUCHULA, FL 33873

**New Mailing Address:**

**FEI Number:** 80-0405028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAYLOR, THOMAS W  
2985 WIPPORWILL LANE  
WAUCHULA, FL 33873 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:** MGRM  
**Name:** TAYLOR, THOMAS W  
**Address:** 2985 WIPPORWILL LANE  
**City-St-Zip:** WAUCHULA, FL 33873

**Title:** MGRM  
**Name:** TAYLOR, MARY J  
**Address:** 2985 WIPPORWILL LANE  
**City-St-Zip:** WAUCHULA, FL 33873

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:** THOMAS W. TAYLOR

MGR

04/21/2011

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