

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000060863

Entity Name: M & L MOWER MEDICS, LLC

**FILED**  
**Jan 20, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

12201 NOBLEMAN DRIVE  
JACKSONVILLE, FL 32223 US

**New Principal Place of Business:**

12443 MESA VERDE TRL.  
JACKSONVILLE, FL 32223 US

**Current Mailing Address:**

12201 NOBLEMAN DRIVE  
JACKSONVILLE, FL 32223 US

**New Mailing Address:**

12443 MESA VERDE TRL.  
JACKSONVILLE, FL 32223 US

FEI Number: 36-4657510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FIANO, LISA A  
12443 MESA VERDE TRAIL  
JACKSONVILLE, FL 322233295 US

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

FIANO, LISA A  
12443 MESA VERDE TRL.  
JACKSONVILLE, FL 322233295 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:

01/20/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FIANO, LISA A  
Address: 12443 MESA VERDE TRL.  
City-St-Zip: JACKSONVILLE, FL 32223 US

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: LISA A. FIANO

MGR

01/20/2010

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