2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L090000 71798

1. Entity Name

Second Chance Lawn Svc. LLC

FILED

10 APR 30 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700180072977
05/03/10--01038--004 **143.75

Principal Place of Business	Mailing Address
2360 Phillips Rd Tallahassee, FLA 32308	

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2350 Phillips Rd.	
Suite, Apt. #, etc. 5112	Suite, Apt. #, etc.
City & State Tallahassee	City & State Florian
Zip 32308 Country Leon	Zip 32308 Country Leon

4. FEI Number 808443919 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Delores P. Baker 2350 Phillips Rd. Apt 5112 Tallahassee, FLA 32308	Name: Delores P. Baker Street Address (P.O. Box Number is Not Acceptable): 2350 Phillips Rd 5112 City: Tallahassee FL Zip Code: 32308

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: D Baker
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2010 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO Delores P. Baker 2350 Phillips Rd 5112 Tallahassee, FLA 32308 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Vice President Darrell Isaac 2350 Phillips Rd Apt 5112 Tall. FLA 32308 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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L. SELLERS
MAY -7 2010
EXAMINER

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10 APR 30 PM 1:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: D Baker 4/30/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #