

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000060563

**Entity Name:** WISE LAWN CARE LLC

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1624 BRAVO DR  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10338  
LARGO, FL 33773

**New Mailing Address:**

FEI Number: 27-2896259      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WISE, MICHAEL M  
1624 BRAVO DR  
CLEARWATER, FL 33764 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: WISE, MICHAEL M  
Address: 1624 BRAVO DR  
City-St-Zip: CLEARWATER, FL 33764

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: MICHAEL M WISE

MGRM

04/13/2011

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