

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000098625

**FILED**  
**Apr 21, 2012**  
**Secretary of State**

**Entity Name:** BRIAN'S CUTTING EDGE LAWN SERVICE, LLC

**Current Principal Place of Business:**

14837 COPELAND WAY  
SPRING HILL, FL 34608

**New Principal Place of Business:**

14881 COPELAND WAY  
SPRING HILL, FL 34604

**Current Mailing Address:**

PO BOX 5656  
LAKELAND, FL 33807

**New Mailing Address:**

**FEI Number:** 27-3504221      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

THE HOGAN LAW FIRM, LLC  
20 SO. BROAD STREET  
BROOKSVILLE, FL 34601      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:** NORFLEET, MELVIN  
**Address:** 14881 COPELAND WAY  
**City-St-Zip:** SPRING HILL, FL 34604

**Title:** MGR  
**Name:** NORFLEET, BRIAN  
**Address:** P.O. BOX 5656  
**City-St-Zip:** LAKELAND, FL 33807

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: MELVIN S. NORFLEET

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04/21/2012

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