

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000100107

**FILED**  
**Feb 19, 2011**  
**Secretary of State**

**Entity Name:** CUT RITE LAWN CARE SERVICE LLC

**Current Principal Place of Business:**

13628 NE 146TH ST  
WALDO, FL 32694

**New Principal Place of Business:**

**Current Mailing Address:**

13628 NE 146TH ST  
WALDO, FL 32694

**New Mailing Address:**

**FEI Number:** 27-3793796

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INGRAM, SHAWN M  
13628 NE 146TH ST  
WALDO, FL 32694 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:** INGRAM, SHAWN M  
**Address:** 13628 NE 146TH ST  
**City-St-Zip:** WALDO, FL 32694 US

**Title:** MGRM  
**Name:** MUSGROVE, SHARON R  
**Address:** 14562 NE 147TH TERR  
**City-St-Zip:** WALDO, FL 32694 US

**Title:** MGRM  
**Name:** MUNDEN, MARK  
**Address:** 9718 SW 93RD TERR  
**City-St-Zip:** GAINESVILLE, FL 32608 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:** SHAWN M INGRAM

MGRM

02/19/2011

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