DOCUMENT # M0700003257 1. Entity Name				SECRETARY O DIVISION OF COR	F STATE FORATIONS		
TRUGREEN LANDCARE L.L.C.				00 JUL 31 F	M 1: 25		
Principal Place of Business 860 RIDGE LAKE BLVD. MEMPHIS TN 38120		Mailing Address 860 RIDGE LAKE BLVD. MEMPHIS TN 38120			- A		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 31 3	318	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status De	\$5.00	Additional	
	6. Name and Address of Current	Registered Agent	-	7. Name and Address of	<u> </u>		
C T COR	PORATION SYSTEM		Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
		City			FL Zip C	ode	
3. The above	e named entity submits this statement fo	or the purpose of changing its	registered office or regis	stered agent, or both, in the State			
3. The above	e named entity submits this statement for Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signature requ	aired when reinstating)			
	Signeture, typed or printed name of registered agent of	end title if applicable. (NOT FILE NO Make Check Pa	E: Registered Agent signature requirements DW!!! FEE IS \$50.0 iyable to Department	of State	e of Florida.		
	Signature, typed or printed name of registered agent a	FILE No. Make Check Pa	E: Registered Agent signature requ	of State	e of Florida.		
SIGNATURE 3. TITLE HAME STREET ADDRESS	MANAGING MEMBE Managing Member TruGreen Holding L.L 860 Ridge Lake Blvd.	FILE No Make Check Pa	E: Registered Agent signature requirements OW!!! FEE IS \$50.0 nyable to Department	o ADDIT	TIONS/CHANGES 13351272 8/03/00-01091	e Addition	
SIGNATURE 3. ITLE IAME EXTY-ST-ZIP ITLE IAME	Signature, typed or printed name of registered agent of the second of th	FILE No Make Check Pa	E: Registered Agent signature requirements I 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	o ADDIT	TIONS/CHANGES 13351272 8/03/00-01091	e Addition 222 022 :50.00	
3. TITLE HAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MEMBE Managing Member TruGreen Holding L.L 860 Ridge Lake Blvd.	FILE NO Make Check Pa	E: Registered Agent signature requirements DW!!! FEE IS \$50.0 ryable to Department 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	o ADDIT	DATE FIONS/CHANGES Changes 3:3:5:1:276 8/03/0001091	e Addition	
SIGNATURE J. TITLE STREET ADDRESS SITY-ST-ZIP TITLE LAME STREET ADDRESS SITY-ST-ZIP TITLE LAME STREET ADDRESS SITY-ST-ZIP STREET ADDRESS	MANAGING MEMBE Managing Member TruGreen Holding L.L 860 Ridge Lake Blvd.	FILE NO Make Check Pa	E: Registered Agent signature requirements 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	o ADDIT	DATE FIONS/CHANGES Changes 3:3:5:1:276 8/03/0001091	e	
SIGNATURE JITLE JAME STREET ADDRESS CITY-ST-ZIP ITLE JAME STREET ADDRESS CITY-ST-ZIP JITLE JAME J	MANAGING MEMBE Managing Member TruGreen Holding L.L 860 Ridge Lake Blvd.	FILE No Make Check Pater Check	E: Registered Agent signature requirements 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	aired when reinstating) O	DATE FIONS/CHANGES Changes B/09/00-01091- ***********************************	e Addition022 :50.00 e Addition	
SIGNATURE JITLE JAME	MANAGING MEMBE Managing Member TruGreen Holding L.L 860 Ridge Lake Blvd.	FILE No Make Check Pater Delete	E: Registered Agent signature requirements 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	aired when reinstating) O	DATE FIONS/CHANGES Chang 13351272 8/03/00-01091 ****** Chang	e Addition022 :50.00 e Addition	
SIGNATURE	MANAGING MEMBE Managing Member TruGreen Holding L.L 860 Ridge Lake Blvd.	FILE No Make Check Pater Delete	E: Registered Agent signature requirements 10. 110. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	aired when reinstating) O	DATE FIONS/CHANGES Chang 13351272 8/03/00-01091 ****** Chang	e Addition	
SIGNATURE J. J. J. J. J. J. J. J. J. J	MANAGING MEMBE Managing Member TruGreen Holding L.L 860 Ridge Lake Blvd.	RS/MANAGERS Delete Delete Delete	E: Registered Agent signature requirements 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	aired when reinstating) O	DATE TIONS/CHANGES Change 13351272 8/03/00-01091* ***** Change Change	e Addition022 -50.00 e Addition e Addition	

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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGE

7-27-00

Daytime Phone #

XR2E083 (5/