LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State
07-16-2002 90372 026 ****50.00

DOCUMENT # M07000003257

1. Entity Name

TruGreen LandCare L.L.C.

976362

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
860 Ridge Lake Blvd.	860 Ridge Lake Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Memphis, TN 38120	City & State: Memphis, TN 38120
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 36-4313318 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation **FL** Zip Code: 33324

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	managing member
NAME	TruGreen Companies L.L.C.
STREET ADDRESS	860 Ridge Lake Blvd.
CITY-ST-ZIP	Memphis, TN 38120

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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 7-12-02 901/766-1291

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

Robert C. von Gruben, Vice President