

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000019290

**Entity Name:** DAVID SWINGLE LAWN CARE, L.L.C.

**Current Principal Place of Business:**

3947 SILLHOUETTE  
HOLLIDAY, FL 34691

**Current Mailing Address:**

PO BOX 1883  
PALM HARBOR, FL 34683

**FEI Number:** 65-1191113

**Certificate of Status Desired:** No

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

SWINGLE, DAVID  
3947 SILLHOUETTE  
HOLLIDAY, FL 34691 US

*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

**Authorized Person(s) Detail :**

Title            MGR  
Name            SWINGLE, DAVID  
Address        3947 SILLHOUETTE  
City-State-Zip: HOLLIDAY FL 34691

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID SWINGLE

MGR

04/28/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date