

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000104664

**Entity Name:** FALCON LAWN CARE, LLC

**Current Principal Place of Business:**

351 HOLLY STREET  
PENSACOLA, FL 32514

**Current Mailing Address:**

351 HOLLY STREET  
PENSACOLA, FL 32514

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SILLS, JAMES A  
2991 BLUE PINE LANE  
NICEVILLE, FL 32578 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 MGRM  
Name SILLS, JAMES A  
Address 2991 BLUE PINE LANE  
City-State-Zip: NICEVILLE FL 32578

Title MGRM  
Name MCKEE, ROBERT  
Address 351 HOLLY STREET  
City-State-Zip: PENSACOLA FL 32514

*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:** JAMES A.SILLS

MGRM

04/30/2015

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

\_\_\_\_\_  
Date