

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090249

FILED
Apr 14, 2009
Secretary of State

Entity Name: SOUTHERN CROSS LANDSCAPING LLC

Current Principal Place of Business:

177 VENETIAN WAY
ISLAMORADA, FL 33036 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 919
TAVERNIER, FL 33070 US

New Mailing Address:

FEI Number: 20-3590456 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DREBENSTEDT, ANNE M
177 VENETIAN WAY
ISLAMORADA, FL 33036 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: MGR () Delete
Name: DREBENSTEDT, ANNE M
Address: 177 VENETIAN WAY
City-St-Zip: ISLAMORADA, FL 33036 US

Title: MGM () Delete
Name: DREBENSTEDT, ROY W
Address: PO BOX 919
City-St-Zip: TAVERNIER, FL 33070

Title: MGM () Delete
Name: DREBENSTEDT, CLAUS R
Address: PO BOX 919
City-St-Zip: TAVERNIER, FL 33070

Title: MGM () Delete
Name: DREBENSTEDT, SARAH R
Address: PO BOX 919
City-St-Zip: TAVERNIER, FL 33070

Title: MM () Delete
Name: CLARK, FRED D SR
Address: PO BOX 919
City-St-Zip: TAVERNIER, FL 33036 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip: US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ANNE M DREBENSTEDT

MM

04/14/2009

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