

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071706

FILED  
May 23, 2007  
Secretary of State

Entity Name: MID FLORIDA LANDSCAPING DESIGN, LLC

**Current Principal Place of Business:**

12411 TARPON SPRINGS ROAD  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

12411 TARPON SPRINGS ROAD  
ODESSA, FL 33556

**New Mailing Address:**

FEI Number: 22-3939034      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: MUNSON, KATHY R  
Address: 12411 TARPON SPRINGS ROAD  
City-St-Zip: ODESSA, FL 33556

Title: ST      ( ) Delete  
Name: DEREWENKO, JAMES M  
Address: 12411 TARPON SPRINGS ROAD  
City-St-Zip: ODESSA, FL 33556

**ADDITIONS/CHANGES:**

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: KATHY R. MUNSON

MRG

05/23/2007

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