

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102006

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Entity Name:** NEWBERRY DO IT ALL LANDSCAPE, LLC

**Current Principal Place of Business:**

5199 GROVEWOOD CIRCLE  
PUNTA GORDA, FL 33982

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 495433  
PORT CHARLOTTE, FL 33949

**New Mailing Address:**

FEI Number: 26-3641532

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

NEWBERRY, PAMELA M  
5199 GROVEWOOD CIRCLE  
PUNTA GORDA, FL 33982 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  
Name: NEWBERRY, PAMELA M  
Address: 5199 GROVEWOOD CIRCLE  
City-St-Zip: PUNTA GORDA, FL 33982

I hereby 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: PAMELA M NEWBERRY

MGR

02/01/2012

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