2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE: 🗹

Mar 06, 2006 8:00 am Secretary of State **DOCUMENT # L05000026089** 02-10-2006 90166 006 ***150.00 1. Entity Name SUMMER BLOOM LAWN, LLC. Principal Place of Business Malling Address 30001710 7531 NW 79 AVENUE 7531 NW 79 AVENUE TAMARAC, FL 33321 TAMARAC, FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sulte, Apt. #, etc. 01262008 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOPEZTANA G . . . - . Street Address (P.O. Box Number is Not Acceptable) 7531 NW 79 AVENUE City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or provide herve of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES ٩. 10. MGRM TITLE TITLE Change ☐ Addition ☐ Celebra LOPEZ, ANA G NAME NAME 7531 NW 79 AVENUE # 207 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321 CITY-ST-7# TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MALE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP title Detete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CETY-ST-ZIP TITLE Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-21P TITLE Delete TITLE ☐ Change ☐ Addition NAME **W** STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Rorida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGER OF AUTHORIZED REPRESENTATIVE

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2006

SUMMER BLOOM LAWN, LLC. 7531 NW 79 AVENUE 207 TAMARAC, FL 33321

Subject: SUMMER BLOOM LAWN, LLC.

Reference Number:

L05000026089

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj ANNUAL REPORTS SECTION