HOLLYWOOD, FL 33020

2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

Current Mailing Address:

DOCUMENT# 469703

2950 N. 28TH TERRACE

2950 N. 28TH TERRACE HOLLYWOOD, FL 33020

FEI Number: 59-1587233

Name and Address of Current Registered Agent:

Entity Name: LUKE'S LANDSCAPING, INC.

Current Principal Place of Business:

KALLICHE, ANTHONY ESQ C/O FIRSTSERVICE RESIDENTIAL FLORIDA, INC. 2950 N 28TH TERRACE HOLLYWOOD, FL 33020 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

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Officer/Director Detail :			
Title	D/S	Title	т
Name	KALLICHE, ANTHONY A	Name	PINEDA-GARCIA, LOURDES
Address	2950 N 28TH TERRACE	Address	2950 N 28TH TERRACE
City-State-Zip:	HOLLYWOOD FL 33020	City-State-Zip:	HOLLYWOOD FL 33020
Title	D, P	Title	D
Name	DIESTEL, DAVID	Name	FALLON, CHARLES M
Address	1815 GRIFFIN RD SUITE 404	Address	2950 N 28TH TERRACE
City-State-Zip:	DANIA BEACH FL 33004	City-State-Zip:	HOLLYWOOD FL 33020
Title	D	Title	VP IRRIGATION DIV.
Name	NATALE, MICHAEL	Name	NAPOLEAN, ANTHONY
Name Address	NATALE, MICHAEL 1815 GRIFFIN ROAD, SUITE 404	Name Address	2950 N. 28TH TERRACE
Address	1815 GRIFFIN ROAD, SUITE 404	Address	2950 N. 28TH TERRACE
Address City-State-Zip:	1815 GRIFFIN ROAD, SUITE 404 DANIA BEACH FL 33004	Address City-State-Zip:	2950 N. 28TH TERRACE HOLLYWOOD FL 33020
Address City-State-Zip: Title	1815 GRIFFIN ROAD, SUITE 404 DANIA BEACH FL 33004 D	Address City-State-Zip: Title	2950 N. 28TH TERRACE HOLLYWOOD FL 33020 VP OF ARBOR CARE
Address City-State-Zip: Title Name	1815 GRIFFIN ROAD, SUITE 404 DANIA BEACH FL 33004 D PARKER, MICHAEL F	Address City-State-Zip: Title Name	2950 N. 28TH TERRACE HOLLYWOOD FL 33020 VP OF ARBOR CARE VAUGHN, DAVID

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY A KALLICHE

SECRETARY

11/17/2014

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date