

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000121173

**Entity Name:** SEVEN B'S LANDSCAPE MATERIALS, L.L.C.

**Current Principal Place of Business:**

1013 CLAYTON AVENUE  
LEHIGH ACRES, FL 33972

**Current Mailing Address:**

1013 CLAYTON AVENUE  
LEHIGH ACRES, FL 33972

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

BROWNING, TED R  
1013 CLAYTON AVENUE  
LEHIGH ACRES, FL 33972 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

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BROWNING, TED R  
Address 1013 CLAYTON AVENUE  
City-State-Zip: LEHIGH ACRES FL 33972

Title MGRM  
Name BROWNING, TERESA L  
Address 1013 CLAYTON AVENUE  
City-State-Zip: LEHIGH ACRES FL 33972

Title MGRM  
Name BROWNING, ANTHONY R  
Address 1013 CLAYTON AVENUE  
City-State-Zip: LEHIGH ACRES FL 33972

Title MGRM  
Name BROWNING, CHRISTOPHER B  
Address 421 DAYTON AVE  
City-State-Zip: LEHIGH ACRES FL 33972

Title MGRM  
Name LESSIG, APRIL D  
Address 641 CENTRAL ST E  
City-State-Zip: LEHIGH ACRES FL 33974

Title MGRM  
Name BROWNING, JEREMY C  
Address 507 BERKFORD RD  
City-State-Zip: KNOXVILLE TN 37918

Title MGRM  
Name BROWNING, MATTHEW J  
Address 2715 43RD STREET WEST  
City-State-Zip: LEHIGH ACRES FL 33971

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TERESA L BROWNING

MGRM

04/19/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date