2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90358 012 ****55.00

DOCUMENT # L00000000455

1. Entity Name

NAT'S IRRIGATION & LANDSCAPING, LC

Principal Place of Business	Mailing Address
366 PLACID LAKE DR. SANFORD FL 32773	366 PLACID LAKE DR. SANFORD FL 32773

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
366 PLACID LAKE DR	366 PLACID LAKE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANFORD FLA	City & State: SANFORD ~~DR. 32773~~ FL
Zip: 32773 Country: USA	Zip: 32773 Country: USA

4. FEI Number 59-3623110 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SLOMOWICZ, NUTEK
366 PLACID LAKE DR.
SANFORD FL 32773

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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] 4 19 04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NUTEK SLOMOWICZ 366 PLACID LAKE DR. SANFORD FL 32773 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] NUTEK SLOMOWICZ 4-19-04 407 399-7197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #