

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 29, 2007 08:00 AM
Secretary of State



1st MOORE

CR2E083 (10/06)

DOCUMENT # L00000000455					
1. Entity Name NAT'S IRRIGATION & LANDSCAPING, LC					
Principal Place of Business 460 LAKE RUTH DR LONGWOOD FL 32750			Mailing Address 460 LAKE RUTH DR LONGWOOD FL 32750		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3623110	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SLOMOWICZ, NUTEK 460 LAKE RUTH DR LONGWOOD FL 32750				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 <i>[Signature]</i>		(NOTE: Registered Agent signature required when reinstating)		DATE 1/25/07	
		FILE NOW!!! FEE IS \$50.00			
		Make Check Payable to Florida Department of State			
		Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR NUTEK SLOMOWICZ 460 LAKE RUTH DR LONGWOOD FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	U00000610683 02/02/07-80031-019 55.00	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]* **1/25/07 407 399 7197**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #