

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90127 030 ****55.00

DOCUMENT # L00000001519

1. Entity Name

BIG CAT'S LANDSCAPING SERVICES, LLC



Principal Place of Business

6251 PHILIPS HIGHWAY
#3
JACKSONVILLE FL 32216

Mailing Address

6251 PHILIPS HIGHWAY
#3
JACKSONVILLE FL 32216

2. Principal Place of Business

859 PARK AVE
Suite, Apt. #, etc.
STE 106

3. Mailing Address

859 PARK AVE
Suite, Apt. #, etc.
STE 106

City & State

ORANGE PARK, FL
Zip 32073 Country USA

City & State

ORANGE PARK, FL
Zip 32073 Country USA



1st MOORE

CR2E083 (10/04)

4. FEI Number

59-3622834

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORDHAM, TODD
13245 ATLANTIC BLVD., 4-361
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name

Fordham, Todd

Street Address (P.O. Box Number is Not Acceptable)

City

1600 Nottingham Knoll
JACKSONVILLE FL

Zip Code

32225

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

Todd Fordham

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 + \$5.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FORDHAM, TODD
STREET ADDRESS 1600 NOTTINGHAM KNOLL
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE MGR
NAME KELLER, PATRICK
STREET ADDRESS 3819 PASO FINO ROAD
CITY-ST-ZIP GREEN COVE SPRINGS FL 32079

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #