

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000015228

1. Entity Name

WILLOW RUN COMMERCIAL & RESIDENTIAL
LANDSCAPING LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6170 SHERWOOD GLEN WAY

Suite, Apt. #, etc.

#5

City & State

WEST PALM BEACH FL

Zip

33415

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1062079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Juan Maria Turon

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

6170 SHERWOOD GLEN WAY #5

City

WEST PALM BEACH FL

Zip Code

33415

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.

SIGNATURE

[Signature]

Juan Maria Turon

02/21/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

700005044127--1

-03/05/02--01054--033

****100.00 ****100.00

9. MANAGING MEMBERS/MANAGERS

NAME
STREET ADDRESS
CITY - ST - ZIP

JUAN M TURON
6170 SHERWOOD GLEN WAY #5
WEST PALM BEACH FL 33415

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IN THIS SPACE**

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

02/21/02

Date

Daytime Phone #

/561/964-2139

CR2E083B (12/01)