

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000006213

1. Entity Name
REFLECTIONS OF GREENERY, LLC



Principal Place of Business

19829 COUNTY RD 455
CLERMONT, FL 34711

Mailing Address

PO BOX 168
FERNDAL, FL 34729

DO NOT WRITE IN THIS SPACE



02252005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-2895534

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BHAVSAR, KASHMIRA I
1053 MAITLAND CENTER COMMONS BLVD
2ND FLOOR
MAITLAND, FL 32751

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TAYLOR, JOHN D
10719 VERSAILLES BLVD
CLERMONT, FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TAYLOR, MARGARET A
10719 VERSAILLES BLVD
CLERMONT, FL 34711

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

U00000256366
03/09/05-80012-004 50.00

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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, OR AUTHORIZED REPRESENTATIVE

JOHN D. TAYLOR

3-7-05

107-469 1228

Date

Daytime Phone #