


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State


04-26-2004 90041 009 ****50.00

DOCUMENT # L01000012480	
1. Entity Name LEDESMA NURSERY & LANDSCAPING LLC	

Principal Place of Business 3600 S.W. 102 AVENUE MIAMI, FL 33165	Mailing Address 10545 SW 60 ST MIAMI, FL 33173
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2. Principal Place of Business 10545 SW 60 ST.	3. Mailing Address
Suite, Apt. #, etc. MIAMI FL	Suite, Apt. #, etc.
City & State	City & State
Zip 33173	Country USA

49053842



04222004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1125278	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
LEDESMA, NORMA 10545 S.W. 60 STREET MIAMI, FL 33173	

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LEDESMA, NORMA 10545 SE 60ST MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Norma Ledesma* **4-22-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #