



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000012480 1. Entity Name LEDESMA NURSERY & LANDSCAPING LLC	
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Principal Place of Business 16800 SW 264 ST MIAMI, FL 33031	Mailing Address 7010 SW 87 AVE MIAMI, FL 33173
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1125278	Applied For 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
7010 SW 87 AVE
MIAMI, FL 33173**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**000000610398
02/02/07-80018-017 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LEDESMA, NORMA 7010 SW 87 AVE MIAMI, FL 33173
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Norma Ledesma* 1-25-07 305-801-3157

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