

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90006 021 *****50.00

DOCUMENT # L01000017423

1. Entity Name

ALL AMERICAN LANDSCAPING OF SOUTH FLORIDA, L.C.



Principal Place of Business

Mailing Address

~~4675 PONCE DE LEON BOULEVARD, SUITE 305~~
~~CORAL GABLES FL 33146~~

~~4675 PONCE DE LEON BOULEVARD, SUITE 305~~
~~CORAL GABLES FL 33146~~

2. Principal Place of Business

2199 Ponce de Leon

3. Mailing Address

2199 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 301

Suite 301

City & State

City & State

Coral Gables

Coral Gables FL

Zip

Country

Zip

Country

33134

USA

33134

USA

6. Name and Address of Current Registered Agent

4. FEI Number **65-1146058**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

STINSON, LOUIS JR.

4675 PONCE DE LEON BOULEVARD, SUITE 305
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Stewart Agent Service
2199 Ponce de Leon Blvd
Suite 301
Coral Gables, FL 33134

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 FL, and 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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MP**
STREET ADDRESS **KAPLAN, CHANCE T**
CITY-ST-ZIP **1754 EAST COMMERCIAL BOULEVARD**
FT. LAUDERDALE FL 33334

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **STINSON, LOUIS JR.**
CITY-ST-ZIP **4675 PONCE DE LEON BOULEVARD, SUITE 305**
CORAL GABLES FL 33146

TITLE ☒ Change ☐ Addition
NAME *Stinson, Louis, Jr*
STREET ADDRESS *2199 Ponce de Leon Blvd # 301*
CITY-ST-ZIP *Coral Gables FL 33134*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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]*

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

3/26/03

305-444-8807

Date

Daytime Phone #

CR2E083 (10/02)