

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/21

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90182 040 \*\*\*\*55.00

**DOCUMENT # L02000002444**

1. Entity Name  
**AT YOUR SERVICE LANDSCAPING, LLC**



Principal Place of Business  
1015 10TH ST.  
LAKE PARK, FL 33403

Mailing Address  
1015 10TH ST.  
LAKE PARK, FL 33403

**34005325**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
**APPLIED FOR**

Applied For  
Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMOE, RANDALL S**  
1015 10TH ST.  
LAKE PARK, FL 33403

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
SIMOE, RANDALL S  
1015 10TH ST.  
LAKE PARK, FL 33403 ☐ Delete

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

TITLE  
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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: By: R. Simoes - 4/6/04



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
HOLTSVILLE NY 00501-0029

*Attachment*  
*34005325*

*11020000020000*

DATE OF THIS NOTICE: 10-15-2003  
NUMBER OF THIS NOTICE: CP 575 E  
EMPLOYER IDENTIFICATION NUMBER: 56-2401731  
FORM: SS-4 NOBOD 0000003309

X

FOR ASSISTANCE CALL US AT:  
1-800-829-0115

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

AT YOUR SERVICE LANDSCAPING LLC  
SIMOES RANDALL S SOLE MEMBER  
1015 10TH ST  
LAKE PARK FL 33403

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 56-2401731. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.