2005 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED

Apr 26, 2005 8:00 am Secretary of State

DOCUMENT # L02000002444 04-26-2005 90019 042 ****55.00 AT YOUR SERVICE LANDSCAPING, LLC Principal Place of Business Mailing Address **60041100** 1015 10TH ST. 1015 10TH ST. LAKE PARK, FL 33403 LAKE PARK, FL 33403 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082005 Chg-LLC CR2E083 (10/03) 4. FEI Number City & State City & State Applied For 56-2401731 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIMOES, RANDALL S Street Address (P.O. Box Number is Not Acceptable) 1015 10TH ST. LAKE PARK, FL 33403 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR TITLE ☐ Delete TITLE Change ☐ Addition NAME SIMOES, RANDALL S MARKE 1015 10TH ST. STREET ADDRESS STREET ADDRESS LAKE PARK, FL 33403 CITY-ST-ZIP CITY-SI-ZIP ☐ Delete TITLE TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Addition TITLE ☐ Delete ☐ Change

11. I hereby certify that the information supplied with this filling 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 per 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 empoyered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADORESS

TITLE

NAME

Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

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

Daytime Phone #

☐ Change

Addition