

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

DOCUMENT # L02000002444

1. Entity Name

AT YOUR SERVICE LANDSCAPING, LLC



03 MAR -5 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1015 10TH STREET

3. Mailing Address

1015 10TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE PARK, FL

City & State

LAKE PARK, FL

4. FEI Number

Applied For

Not Applicable

Zip

33403

Country

US

Zip

33403

Country

US

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

RANDALL S. SIMOES

Street Address (P.O. Box Number is Not Acceptable)

1015 10TH STREET

City

LAKE PARK

FL

Zip Code

33403

**DO NOT WRITE  
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

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

DATE

1/22/03

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

00013526115

5/03--01007--007 \*\*55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
MANAGER	RANDALL S. SIMOES	1015 10TH STREET	LAKE PARK, FL 33403
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #

1/22/03

CR2E083B (12/02)