

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L02000007309

1. Entity Name

LADY BUG LANDSCAPE SERVICES, LLC



03 FEB 24 AM 9:59

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

35-2164637

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

By:
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

9. MANAGING MEMBERS/MANAGERS

TITLE

MANAGER

NAME

RANDALL S. SIMOES

STREET ADDRESS

1015 10TH STREET

CITY-ST-ZIP

LAKE PARK, FL 33403

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

700013032167

02/24/03--01056--016 **55.00

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

DO NOT WRITE
IN THIS SPACE

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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:

By:
Signature, typed or printed name of signing managing member, manager, or authorized representative

Date

1/22/03

Daytime Phone #

CR2E083B (1/202)