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

DOCUMENT # L 0 2 0 0 0 0 0 7 3 0 9

1. Entity Name

LAPY BUG LANDSCAPE SERVICES, LCC



APPROVEL AHD FILED

03 FEB 24 AM 9: 59

SECRETARY OF STATE TA'UL AHASSEE, FUORIDA

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| DO NOT WRITE IN THIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |                         |                                        |                               |                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                           |  |
| 2. Principal P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                         | 3. Mailing Address                     |                               |                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                           |  |
| 1015<br>Suite, Apt.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 10 TH                                   | STREET                  | 1015 10TM STREET   Suite, Apt. #, etc. |                               |                                                    | -                                               | DO NOT WRITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IN THIS SDAC               | <b>`</b> ⊑                |  |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                         |                                        |                               |                                                    |                                                 | DO NOT WHITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | - IN THIS SPAC             |                           |  |
| City & State<br>LAKE PARK, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         | City & State LAKE PARK, | LAKE PARK FL                           |                               | 35-2164637                                         |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Applied For Not Applicable |                           |  |
| Zip<br>3340                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3                                       | Country U 5             | Zip 33 40 3                            | Coun                          | utry U S                                           | 5. Certificate of                               | Status Desired                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$5.1<br>Fee               | 00 Additional<br>Required |  |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                         |                                        |                               |                                                    | 7. Name and Address of Current Registered Agent |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                           |  |
| <u>,</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | П                                       | O NOT V                 | VRITE                                  | ITE                           |                                                    | KANDACC S. SIMOTS                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                           |  |
| IN THIS SP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |                         |                                        |                               | Street Address (P.O. Box Number is Not Acceptable) |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Į i                                     | N IUIS S                | PACE                                   |                               | 1015 1                                             | OTH ST                                          | <i>πες Τ</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         | 2                       |                                        |                               | City LAKE                                          | PARK                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FL                         | Zip Code<br>33 Vo 3       |  |
| 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                                                                                                                                                                                 |                                         |                         |                                        |                               |                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                           |  |
| FEE IS \$50.00  Make Check Payable to Florida Department of State  DUE BY MAY 1  9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                         |                                        |                               |                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            | ·:, · ·                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         | 965 R                   |                                        | TITU                          | E                                                  |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            | 6                         |  |
| NAME<br>STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | RANDALL S. SIMOES<br>S 1015 10TH STREET |                         |                                        | NAM                           | 700013032167                                       |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            | 57   <u>6</u>             |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | LAKE                                    | PARK, FL                | 33403                                  | 3 4 0 3 CITY-ST-ZIP           |                                                    |                                                 | 02/24/0301056016 **55.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                           |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                         |                                        | IIIU                          |                                                    |                                                 | · •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            | 11 CA                     |  |
| NAME<br>STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                         |                                        | NAM<br>STRE                   | ET ADDRESS                                         |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                           |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                         |                                        | CITY                          | -ST-ZIP                                            |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                           |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _                                       |                         | ·                                      | TITU<br>NAM                   |                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                           |  |
| STREET ADDRESS CITY-ST-2IP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |                         |                                        | STREET ADDRESS<br>CITY-ST-ZIP |                                                    |                                                 | DO NOT WRITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |                           |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         | · -                     |                                        | TITU                          |                                                    | ······································          | THIS S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                           |  |
| NAME<br>STREET ADORESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                         |                                        | NAM<br>STRE                   | E<br>Et adoress                                    | 111                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | , AOL                      | •                         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                         | ************************************** | CITY                          | -ST-ZIP                                            |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                           |  |
| TITLE<br>NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                         |                                        | TiTLI<br>NAM                  |                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                         | •                                      |                               | ET ADORESS                                         |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                           |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                         |                                        | ÇITY                          | -ST-ZIP                                            |                                                 | •••                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |                           |  |
| TITLE<br>NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ,                                       |                         |                                        | TITLI                         |                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                         |                                        |                               | ET ADDRESS                                         |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                           |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | antifus the same                        | a information           | ish ship filture deserve and serve a   |                               | -ST-ZIP                                            | - 140 B=(0):                                    | Electric State of the state of |                            |                           |  |
| 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 trystee employees to execute this report as required by Chapter 608. Florida Statutes. |                                         |                         |                                        |                               |                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                           |  |
| milled lib                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | omy compa                               |                         |                                        |                               | reduced by orap                                    | vou, i folida ble                               | . / /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                           |  |
| SIGNATURE: 64 12403  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Deviers Proces                                                                                                                                                                                                                                                                                                                                                                 |                                         |                         |                                        |                               |                                                    |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                           |  |