

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

04-19-2004 90024 046 ****50.00

DOCUMENT # L02000009883 1. Entity Name SOUTH SHORE LANDSCAPE, L.C.					
Principal Place of Business C/O FLORIDA ENVIRONMENTAL, INC. 2579 TOLEDO BLADE BOULEVARD NORTH PORT, FL 34286			Mailing Address C/O JACK O. HACKETT II, ESQUIRE POST OFFICE DRAWER 511447 PUNTA GORDA, FL 33951-1447		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HACKETT, JACK O II, ESQ C/O FARR, FARR, EMERICH, SIFRIT, HACKETT & 99 NESBIT STREET PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLANCEY, FRANCIS J 2579 TOLEDO BLADE BLVD. NORTH PORT, FL 34286 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
FLORIDA ENVIRONMENTAL, INC., AUTH REP. SIGNATURE: BY: [Signature] PARTNER					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/2/04 Daytime Phone # 941 426-7878		



01082004 Chg-LLC CR2E083 (10/03)

4. FFI Number **75-3052694** Applied For ☐ Not Applicable ☒

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