

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90070 016 ****50.00

DOCUMENT # L02000010096

1. Entity Name
PALM BEACH LANDSCAPE LIGHTING, LLC



Principal Place of Business
**9337-B HOWELL LANE
PALM BEACH GARDENS, FL 33418**

Mailing Address
**9337-B HOWELL LANE
PALM BEACH GARDENS, FL 33418**

24016336



01122004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3053269

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHULZ, LEONARD F JNR
9337-B HOWELL LANE
PALM BEACH GARDENS, FL 33418**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SCHULZ, LEONARD F
9337-B HOWELL LANE
PALM BEACH GARDENS, FL 33418**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CHAFFINS, WILLIAM
9142 SUNRISE DRIVE
LAKE PARK, FL 33403**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
Gallenia, John
4210 Russell Street
Tequesta, FL 33469**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

W.G. M.G.

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

2/17/04

Date

561-630-8733

Daytime Phone #