

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018667

FILED
May 15, 2008
Secretary of State

Entity Name: HILIMIRE INTEGRATED LANDSCAPING, LLC

Current Principal Place of Business:

PROVOST DRIVE
HOLIDAY, FL 34690

New Principal Place of Business:

PROVOST DR.
HOLIDAY, FL 34691

Current Mailing Address:

P.O. BOX 3054
HOLIDAY, FL 34692

New Mailing Address:

FEI Number: 56-2285284 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HILIMIRE, LLOYD
7414 CHELTNAM CT.
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

HILIMIRE, LLOYD
1815 LATELIA CT.
TRINITY, FL 34655 US

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.

SIGNATURE: LLOYD HILIMIRE

05/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: HILIMIRE, LLOYD
Address: 7414 CHELTNAM COURT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: P (X) Delete
Name: HILIMIRE, LLOYD
Address: 1815 LATELIA CT
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: HILIMIRE, LLOYD
Address: 1815 LATELIA CT.
City-St-Zip: TRINITY, FL 34655

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LLOYD HILIMIRE

PRES

05/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date