

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90029 017 \*\*\*\*50.00

**DOCUMENT # L02000019820**

1. Entity Name  
**ON WHEEL'S LANDSCAPING LLC**



Principal Place of Business  
**2360 VIRGINIA DR  
ALTAMONTE SPRINGS, FL 32714**

Mailing Address  
**PO BOX 161001  
ALTAMONTE SPRINGS, FL 32716-1001**

**24046434**



2. Principal Place of Business

3. Mailing Address

**P.O. Box 161001**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052004 Chg-LLC CR2E083 (10/03)

City & State

City & State

**ALTAMONTE Springs, FL**

4. FEI Number  
**41-2054711**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**32714-1001**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YORDAN, LILLIAN  
2360 VIRGINIA DR  
ALTAMONTE SPRINGS, FL 32714**

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 *Lillian Jordan* **LILLIAN YORDAN**

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

(NOTE: Registered Agent signature required when reinstating)

**4/14/2004**

DATE

**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

**MGRM  
MAYMI, ROBERTO SR.  
448 JORDAN STUART CIR.  
APOPKA, FL 32703**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
Maymi, Roberto  
2360 VIRGINIA DRIVE  
ALTAMONTE Springs, FL 32714**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
YORDAN, LILLIAN T SRA.  
448 JORDAN STUART CIR.  
APOPKA, FL 32703**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRH  
Yordan, LILLIAN T.  
2360 VIRGINIA DRIVE  
ALTAMONTE Springs, FL 32714**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 608, Florida Statutes.

SIGNATURE: *Lillian Jordan* **LILLIAN YORDAN**

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

**4/14/2004**

Date

**(407) 252-5490**

Daytime Phone #