

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

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



04152008 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2054711

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YORDAN, LILLIAN
2360 VIRGINIA DR
ALTAMONTE SPRINGS, FL 32714

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-----------------------------|
| TITLE | MGRM |
| NAME | MAYMI, ROBERTO SR. |
| STREET ADDRESS | 2360 VIRGINIA DR |
| CITY-ST-ZIP | ALTAMONTE SPRINGS, FL 32714 |
| TITLE | MGRM |
| NAME | YORDAN, LILLIAN T SRA. |
| STREET ADDRESS | 2360 VIRGINIA DR |
| CITY-ST-ZIP | ALTAMONTE SPRINGS, FL 32714 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

000000533071
05/06/06-80106-020 \$0.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/15/2006

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

Date

Daytime Phone #