

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 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 32714-1001



04122008No Chg-LLC

CR2E083 (12/07)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

000000938021
05/23/08-80095-007 138.75

**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 Yordan LILLIAN Yordan

4/28/2008

407-252-5490

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

Date

Daytime Phone #