




FILED
Jan 15, 2004 08:00 AM
Secretary of State

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|---|--|---|--|---|--|
| DOCUMENT # L02000020568 1. Entity Name BOB'S LANDSCAPING & LAWN CARE, L.L.C. | |  | | Secretary of State | |
| Principal Place of Business 3717 SE 15TH AVE CAPE CORAL, FL 33904 | | Mailing Address 3717 SE 15TH AVE CAPE CORAL, FL 33904 | | | |
| DO NOT WRITE IN THIS SPACE | | | |  | |
| | | | | 01132004 No Chg-LLC CR2E083 (10/03) | |
| | | | | 4. FEI Number 55-0796990 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HESLIN, ROBERT J 3717 SE 15TH AVE CAPE CORAL, FL 33904 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | <div>U000000005264 01/15/04-80046-020 50.00</div> DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | MGRM HESLIN, ROBERT J 3717 SE 15TH AVE CAPE CORAL, FL 33904 | | | |
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| 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:  | | | | 1-12-04 1399801945 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE | | | | Date Daytime Phone # | |