

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90185 018 *****55.00

DOCUMENT # L02000023517

1. Entity Name

SUN LANDSCAPE OF FLORIDA, LLC



Principal Place of Business

Mailing Address

1701 SOUTH COUNTY HIGHWAY 393
SANTA ROSA BEACH FL 32459
US

1701 SOUTH COUNTY HIGHWAY 393
SANTA ROSA BEACH FL 32459
US

2. Principal Place of Business

3. Mailing Address

110 Logan Lane

110 Logan Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

Suite 2

City & State

City & State

Santa Rosa Beach

Florida

Zip

Zip

32459

Walton

32459

Walton



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

75-3083255

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

UHLFELDER, DANIEL W
3092 W. COUNTY ROAD 30A
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name

Thomas P. Losee, III

Street Address (P.O. Box Number is Not Acceptable)

110 Logan Lane

Suite, Apt. #, etc.

Suite 2

City

Santa Rosa Beach

FL

Zip Code

32459

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOSEE, TOM 1701 SOUTH COUNTY HIGHWAY 393 SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Jan M. Anderson

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

4-17-03 601-268-7278

Date

Daytime Phone #

CR2E083 (10/02)