2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000028840

1. Entity Name
EMPIRE HORTICULTURAL SERVICES, LLC

Principal Place of Business	Mailing Address
2055 WOOD ST. STE. 208 SARASOTA, FL 34237	2055 WOOD ST. STE. 208 SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE

04272006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
47-0894311
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MULLEN, GRANT S
2055 WOOD ST.
STE. 208
SARASOTA, FL 34237

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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: Grant Mullen 4/27/06
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	MULLEN, GRANT
STREET ADDRESS	2055 WOOD ST STE 208
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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05/12/06-80010-017 50.00

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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: Grant Mullen Grant Mullen 4/27/06 941 365-0038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #