

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004, 08:00 AM
Secretary of State

DOCUMENT # L02000030235	
1. Entity Name PLANTSCAPE, LLC	

Principal Place of Business 550 NE 94TH ST. MIAMI SHORES, FL 33138	Mailing Address 550 NE 94TH ST. MIAMI SHORES, FL 33138
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02102004No Chg-LLC	OR2E083 (10/03)
4. FEI Number 55-0805547	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301-0000

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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 _____ 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, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEPER, LEONARD 550 NE 94TH ST. MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINGER, DEE 550 NE 94TH ST. MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PORRATA, CLEMENTE 324 NE 91ST ST. MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELLO, RALPH 324 NE 91ST ST. MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 609, Florida Statutes.

SIGNATURE:  **LEONARD TEPER** **4/2/04** **305-758-1862**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #