

FILED
Mar 18, 2003 8:00 am
Secretary of State

02-27-2003 90001 050 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000030566

1. Entity Name
SUN LANDSCAPING, LLC



Principal Place of Business
**1610 EMERALD LAKE COVE
103
CASSELBERRY, FL 32707 US**

Mailing Address
**P.O. BOX 151381
ALTAMONTE SPRINGS, FL 32715 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

32-0045100

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KHALIL, GHASSAN S
1610 EMERALD LAKE COVE
103
CASSELBERRY, FL 32707**

Name

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

City

FL

Zip Code

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's signature required when registering.)

DATE

**FILED NOV 11 2003
MARKED FOR REMOVAL FROM THE PUBLIC RECORDS
DATE BY MAY 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	MANAGER			
	GHASSAN S. KHALIL			
	1610 EMERALD LAKE COVE #103			
	CASSELBERRY, FL 32707			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ 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 606, Florida Statutes.

SIGNATURE:

GHASSAN S. KHALIL

2/23/03

407-325-7710

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

Date

Daytime Phone #

CR25033 (10/02)