

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90137 015 *****50.00

DOCUMENT # L03000001218

1. Entity Name
IAN LIGHTFOOT LANDSCAPE DESIGN & MAINTENANCE, LLC



Principal Place of Business
587 44TH AVENUE N
ST. PETERSBURG, FL 33703 US

Mailing Address
587 44TH AVENUE N
ST. PETERSBURG, FL 33703 US

24063836



2. Principal Place of Business

3. Mailing Address

02162004 Chg-LLC CR2E083 (10/03)

4. FEI Number **85-0486778**

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

LIGHTFOOT, IAN C
587 44TH AVENUE N
ST. PETERSBURG, FL 33703

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 signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **Sole Member & Owner** ☐ Delete
NAME **Ian C. Lightfoot**
STREET ADDRESS **587 44th Avenue N**
CITY-ST-ZIP **St. Petersburg, FL 33703-1715**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

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

4/28/04

Date

(727) 527-6575

Daytime Phone #