


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # L03000004253 1. Entity Name GARDEN BLADE SERVICES, LLC |  |
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|--|--|
| Principal Place of Business 9575 MENDEL DRIVE NEW PORT RICHEY, FL 34654 US | Mailing Address 9575 MENDEL DRIVE NEW PORT RICHEY, FL 34654 US |
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-LLC

CR2E083 (12/07)

| | |
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| 4. FEI Number 56-2314364 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**BRESOVITS, ADAM S
9575 MENDEL DRIVE
NEW PORT RICHEY, FL 34654**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BRESOVITS, ADAM S 9575 MENDEL DRIVE NEW PORT RICHEY, FL 34654 |
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01/15/08-80097-019 138.75

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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:  **1/11/08 727-847-6061**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #