

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009145

FILED
Aug 11, 2008
Secretary of State

Entity Name: CEDAR RIDGE LANDSCAPE NURSERY LLC

Current Principal Place of Business:

335 W. PALMETTO AVE.
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

335 W. PALMETTO AVE.
DELAND, FL 32720

New Mailing Address:

FEI Number: 13-4252192 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHANDLER, GORDON L
36 CALDERWOOD CT
OCOEE, FL 34761 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHANDLER, GORDON L
Address: 36 CALDERWOOD CT
City-St-Zip: OCOEE, FL 34761 US

Title: MGRM () Delete
Name: MCLAUGHLIN, MARSHALL L JR
Address: 4650 N ORANGE GROVE DR
City-St-Zip: DELEON SPRINGS, FL 32130 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GORDON CHANDLER

MGRM

08/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date