

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-15-2004 90434 016 ****50.00

DOCUMENT # L03000013564 1. Entity Name SUNSET LAWN CARE & LANDSCAPING LLC			
Principal Place of Business 6853 SW 39TH ST. PALM CITY FL 34990		Mailing Address 6853 SW 39TH ST. PALM CITY FL 34990	
2. Principal Place of Business 6853 SW 39TH ST. Suite, Apt. #, etc.		3. Mailing Address 6853 SW 39TH ST. Suite, Apt. #, etc.	
City & State Palm City FL Zip 34990		City & State Palm City FL Zip 34990	
Country Martin		Country Martin	
4. FEI Number 86-1063373		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 NELDA ROBIN SMITH 4220 SE ROBERT LOOP RD. JENSEN BEACH FL 34957 Stuart 34997		7. Name and Address of New Registered Agent Name Nelda Robin Smith Street Address (P.O. Box Number is Not Acceptable) 4220 SE Robert Loop Rd City Stuart FL Zip Code 34997	
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 DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE owner NAME Thomas Smith STREET ADDRESS 6853 SW 39th St CITY-ST-ZIP Palm City, FL 34990	<input type="checkbox"/> Delete	TITLE Managing Member NAME Managing Member STREET ADDRESS Managing Member CITY-ST-ZIP Managing Member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Secretary/Treasurer NAME Dawn Smith STREET ADDRESS 6853 SW 39th St CITY-ST-ZIP Palm City, FL 34990	<input type="checkbox"/> Delete	TITLE Managing Member NAME Managing Member STREET ADDRESS Managing Member CITY-ST-ZIP Managing Member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.			
SIGNATURE:		3-10-04 772-287-1063	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	