


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000013564 1. Entity Name SUNSET LAWN CARE & LANDSCAPING LLC	
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Principal Place of Business 6853 SW 39TH ST. PALM CITY FL 34990	Mailing Address 6853 SW 39TH ST. PALM CITY FL 34990
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1st MOORE CR2E083 (10/04)

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 86-1063373	Applied For
	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NELDA ROBIN SMITH 4220 SE ROBERT LOOP RD. STUART FL 34997

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Nelda Robin Smith* DATE: 2-10-05

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGRM <input type="checkbox"/> Delete NAME: SMITH, THOMAS STREET ADDRESS: 6853 SW 39TH STREET CITY-ST-ZIP: PALM CITY FL 34990	
TITLE: MGRM <input type="checkbox"/> Delete NAME: SMITH, DAWN STREET ADDRESS: 6853 SW 39TH STREET CITY-ST-ZIP: PALM CITY FL 34990	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	
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10. ADDITIONS/CHANGES	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	UN0000229180 02/14/05-80063-015 50.00
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 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)(f), 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: *Thomas Smith* DATE: 2-10-05 DAYTIME PHONE #: 772-260-5910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #