

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2007 08:00 A
Secretary of State

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



08032007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1063373

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NELDA ROBIN SMITH
6853 SW 39TH STREET
PALM CITY, FL 34990

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SMITH, THOMAS
6853 SW 39TH STREET
PALM CITY, FL 34990

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SMITH, DAWN
6853 SW 39TH STREET
PALM CITY, FL 34990

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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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:

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

Date

Daytime Phone #