


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	
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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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DO NOT WRITE IN THIS SPACE



08032007No Chg-LLC CR2E083 (11/05)

4. FEI Number 86-1063373	Applied For 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
6853 SW 39TH STREET
PALM CITY, FL 34990

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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 _____
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
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08/17/07-80006-014 55.00

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: Tom Smith Date: 8/13/07 Daytime Phone #: 772-260-5507

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