

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000015491

1. Entity Name
EMMONS LANDSCAPE, L.L.C.



Principal Place of Business
8647 KELSO DRIVE
PALM BEACH GARDENS, FL 33418

Mailing Address
8647 KELSO DRIVE
PALM BEACH GARDENS, FL 33418



01262007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0916184

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, DONALD J ESQ.
FREEMAN, MAYNOR & JONES
1400 CENTREPARK BLVD., SUITE 950
WEST PALM BEACH, FL 33401

**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 reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	EMMONS, ROBERT M
STREET ADDRESS	8647 KELSO DRIVE
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33418

TITLE	
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CITY- ST- ZIP	

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000000614116
02/06/07-80012-019 50.00

**DO NOT WRITE
IN THIS SPACE**

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

1-24-07

Date

(561) 622-6112

Daytime Phone #