

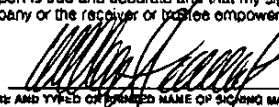
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FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90040 009 ****50.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000019056 1. Entity Name FLORIDA'S MULCH EXPRESS, LLC					
Principal Place of Business 341 NORTH MAITLAND AVENUE SUITE 340 MAITLAND, FL 32751 US			Mailing Address 341 NORTH MAITLAND AVENUE SUITE 340 MAITLAND, FL 32751 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5712 W. Sligh Avenue Suite, Apt. #, etc.			
City & State Tampa, Florida		City & State Tampa, Florida		01262005 Chg-LLC CR2E083 (10/03)	
Zip 33634		Country USA		4. FEI Number 42-1593217	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TATICH, PHILIP 341 NORTH MAITLAND AVENUE SUITE 340 MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2005					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ST. LAURENT, WILLIAM C 341 MAITLAND AVENUE, SUITE 340 MAITLAND, FL 32751 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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: 			205-608-9119 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					