2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 02, 2005 08:00 AM Secretary of State DOCUMENT # L03000022464 1. Entity Name GUARDIAN LANDSCAPE AND LAWN MAINTENANCE. L.L.C. Principal Place of Business Mailing Address 4020 NORTH CANDLEWOOD DRIVE BEVERLY HILLS FL 34465 4020 NORTH CANDLEWOOD DRIVE BEVERLY HILLS FL 34465 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 57-1175909 Not Applicable Ζip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DESHAIS, CLINTON R Street Address (P.O. Box Number is Not Acceptable) 4020 NOŔTH CANDLEWOOD DRIVE **BEVERLY HILLS FL 34465** City 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, lyped or printed name of registered agent and title if applicable (NOTE Registered Agent signature required whon reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES HILE MGRM Addition | ☐ Delete PILE ☐ Change NAME DESHAIS, CLINTON R NAME U00000284992 STREET ADDRESS 4020 NORTH CANDLEWOOD DRIVE 04/02/05-80026-024 50.00 STREET ADDRESS CITY - ST - ZIP BEVERLY HILLS FL 34465 CHIY-ST-ZIP TIFLE ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CitY+S1-ZIP TITLE ☐ Defete ☐ Change THE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TUNE ☐ Change Addition MARKE NAME STREET ADDRESS STREET ADDRESS CLIY-SI-ZIP City St. AP TITLE Addition ☐ Delete THE Change NAME AAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-70

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(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 employeed to execute this report as required by Chapter 608, Florida Statutes.