

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045100

FILED
Mar 12, 2008
Secretary of State

Entity Name: OTHER SIDE SOD COMPANY, LLC

Current Principal Place of Business:

3356 SW COUNTY ROAD 769
ARCADIA, FL 34269

New Principal Place of Business:

2423 SW HWY 17
ARCADIA, FL 34266

Current Mailing Address:

3356 SW COUNTY ROAD 769
ARCADIA, FL 34269

New Mailing Address:

2423 SW HWY 17
ARCADIA, FL 34266

FEI Number: 06-1714011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DERISO, JOEL C II
3356 S.W. C.R. 769
ARCADIA, FL 34269 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DERISO, JOEL C
Address: 3356 SW COUNTY ROAD 769
City-St-Zip: ARCADIA, FL 34269

Title: MEMB () Delete
Name: DERISO, SUZANNE T
Address: 3356 SW CO RD 769
City-St-Zip: ARCADIA, FL 34269 US

Title: MEMB () Delete
Name: DERISO II, JOEL C
Address: 3356 SW CO RD 769
City-St-Zip: ARCADIA, FL 34269 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: J.C. DERISO II

MEMB

03/12/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date