FILED
Jun 07, 2007 8:00 am
Secretary of State

05-04-2007 90308 017 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/4

DOCUMENT # L03000045381

1. Entity Name
ALL PRO LANDSCAPES BY DZYNE LLC

Principal Place of Business	Mailing Address
1317 LEWIS TURNER BLVD FORT WALTON BEACH, FL 32547	1317 LEWIS TURNER BLVD FORT WALTON BEACH, FL 32547

03222007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0399842 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PE' ERSON, JOHN D 912 S PALM BLVD SUITE E NICEVILLE, FL 32578	Name Edward S. Cowen, Jr. Street Address (P.O. Box Number is Not Acceptable) 912 S Palm Blvd, Ste E City Niceville FL Zip Code 32578

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 Wally Davis Jr. — May 1 2007
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGRM	☐ Change ☑ Addition
NAME	DAVIS, WALLY JR		NAME	Heather D. Canterbury	
STREET ADDRESS	1317 LEWIS TURNER BLVD		STREET ADDRESS	1317 lewis turner Blvd.	
CITY-ST-ZIP	FT WALTON BEACH, FL 32547		CITY-ST-ZIP	Ft. Walton Bch, FL. 32547	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Wally Davis Jr. — May 1 2007 — 850-685-6894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #