

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046834

FILED
Apr 30, 2009
Secretary of State

Entity Name: FLORA CARE LANDSCAPE SERVICES, LLC

Current Principal Place of Business:

1515 POUNCE AVE.
APOPKA, FL 32703

New Principal Place of Business:

2494 VALERIE AVE
APOPKA, FL 32712 US

Current Mailing Address:

1515 POUNCE AVE.
APOPKA, FL 32703

New Mailing Address:

2494 VALERIE AVE
APOPKA, FL 32712 US

FEI Number: 20-0519405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ORNDORFF, NATHAN
1515 POUNCE AVE.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

ORNDORFF, NATHAN
2494 VALERIE AVE
APOPKA, FL 32712 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ORNDORFF, NATHAN
Address: 1515 POUNCE AVE.
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ORNDORFF, NATHAN
Address: 2494 VALERIE AVE
City-St-Zip: APOPKA, FL 32712 FL

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: NATHAN ORNDORFF

MGRM

04/30/2009

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