

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90016 007 ****55.00

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1. Entity Name

NEW EARTH LANDSCAPING, L.L.C.



Principal Place of Business

2500 GIRALDA CIR. EAST, #201
PALM BEACH GARDENS FL 33410

Mailing Address

2500 GIRALDA CIR. EAST, #201
PALM BEACH GARDENS FL 33410



2. Principal Place of Business

3708 East Industrial Way

Suite, Apt. #, etc.

3. Mailing Address

3708 East Industrial Way

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Riviera Beach, FL

City & State

Riviera Beach, FL

4. FEI Number

65-0292379

Applied For

Not Applicable

Zip

33404

Country

USA

Zip

33404

Country

USA

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDREWS, MICHAEL
2500 GIRALDA CIR. EAST, #201
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3708 East Industrial Way

Riviera Beach

FL

Zip Code
33404

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

Michael Andrews

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME ANDREWS, MICHAEL
STREET ADDRESS 2500 GIRALDA CIR. EAST
CITY- ST- ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE President ☒ Change ☐ Addition
NAME Andrews, Michael
STREET ADDRESS 3708 East Industrial Way
CITY- ST- ZIP Riviera Beach, FL 33408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michael Andrews

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

Date

License #