2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000053294

1. Entity Name
DESIGNERS LANDSCAPE AND SILKS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 14 AM 10:01

Principal Place of Business	Mailing Address
19185 EDGEWATER DR PORT CHARLOTTE FL 33948	19185 EDGEWATER DR PORT CHARLOTTE FL 33948

2nd MOORE CR2E083 (4/06)

2. Principal Place of Business	3. Mailing Address
19185 Edgewater Dr.	19185 Edgewater Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pt Char Florida	City & State: Pt. Char, Florida
Zip: 33948 Country: U.S. Char Co	Zip: 33948 Country: U.S.

4. FEI Number 01-6360374 ☐ 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
O'BRIEN, GAIL H 19185 EDGEWATER DR PORT CHARLOTTE FL 33948	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______________________ DATE ______

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR O'BRIEN, GAIL H 19185 EDGEWATER DR PORT CHARLOTTE FL 33948 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition	200080044162 09/21/06--01091--021 **55.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR O'BRIEN, WILLARD F 19185 EDGEWATER DR PORT CHARLOTTE FL [redacted] ☐ Delete	TITLE / NAME / STREET ADDRESS ☐ Change ☐ Addition	

03/04 [redacted]

[redacted]

Date 7/18/06 63-27/631 FL 1363

Pay to the Order of Fl Dept of State $ 55.00
Fifty five 00/00 Dollars

Bank of America
ACH R/T 063100277

For 01-6360374 Gail O'Brien

[redacted]

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: Gail O'Brien Gail H O'Brien Mgr 7/18/06 1-941-624-2294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #