

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 21, 2007 8:00 am**  
**Secretary of State**

06-21-2007 90136 027 \*\*\*\*55.00

DOCUMENT # L03000053294

1. Entity Name

DESIGNERS LANDSCAPE AND SILKS, LLC



Principal Place of Business

19185 EDGEWATER DR  
PORT CHARLOTTE FL 33948

Mailing Address

19185 EDGEWATER DR  
PORT CHARLOTTE FL 33948

60052103



2. Principal Place of Business - No P.O. Box #

19185 Edgewater Dr

Suite, Apt. #, etc.

3. Mailing Address

19185 Edgewater Dr

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/07)

City & State

Port Charlotte FL

City & State

Port Charlotte FL

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

O'BRIEN, GAIL H  
19185 EDGEWATER DR  
PORT CHARLOTTE FL 33948

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME O'BRIEN, GAIL H  
STREET ADDRESS 19185 EDGEWATER DR  
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE MGR ☐ Delete  
NAME O'BRIEN, WILLARD F  
STREET ADDRESS 19185 EDGEWATER DR  
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition  
NAME Patricca Perkins  
STREET ADDRESS 4043 Rock Creek Dr  
CITY-ST-ZIP Port Charlotte FL 33948

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

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

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

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

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 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 H O'Brien

6/18/07

941-624-2296

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

Date

Daytime Phone #