2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Aug 01, 2005 8:00 am
Secretary of State
07-08-2005 90089 047 ****55.00

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05172005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000008935

1. Entity Name
T'S LAWNSCAPE "L.L.C."

Principal Place of Business	Mailing Address
108 LONG LEAF PINE CR. SANFORD, FL 32773	P.O. BOX 950190 LAKE MARY, FL 32795

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 02-0691598 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LATOUR, TERRY
108 LONG LEAF PINE CR.
SANFORD, FL 32773

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

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LATOUR, TERRY 108 LONG LEAF PINE CR. SANFORD, FL 32773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	134 SABAL PALM COURT SANFORD, FL. 32773 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SARTORI, CONNIE J 108 LONG LEAF PINE CR. SANFORD, FL 32773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	134 SABAL PALM COURT SANFORD, FL. 32773 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 7-3-05 407-492-9063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #