

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000009771

1. Entity Name
LARGE ROOTS LANDSCAPING L.L.C.



FILED
05 JAN 26 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1735 YEARLING TR
TALLAHASSEE, FL 32317**

Mailing Address
**1735 YEARLING TR
TALLAHASSEE, FL 32317**

2. Principal Place of Business
4280 STARGAZER TRL

3. Mailing Address
4280 STARGAZER TRL

Suite, Apt. #, etc.



01262005 Chg-LLC CR2E083 (10/03)

City & State
TALLAHASSEE FL

City & State
TALLAHASSEE FL

Zip
32309

Country
LEON

Zip
32309

Country
LEON

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**PAUL, BRIAN L
1735 YEARLING TRAIL
TALLAHASSEE, FL 32317**

7. Name and Address of New Registered Agent
Name **PAUL, BRIAN L.**
Street Address (P.O. Box Number is Not Acceptable)
4280 STARGAZER TRL
City **TALLAHASSEE** **FL** Zip Code **32309**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAUL, BRIAN 1735 YEARLING TR TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAUL, BRIAN 4280 STARGAZER TRL TALLAHASSEE FL 32309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **1-24-05** **591-2158**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #