

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012989

FILED
Jan 08, 2009
Secretary of State

Entity Name: ABE SANCHEZ LANDSCAPE SERVICES, LLC.

Current Principal Place of Business:

11411 SE FEDERAL HWY
64
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

11411 SE FEDERAL HWY
64
HOBE SOUND, FL 33455

New Mailing Address:

PO BOX 249
HOBE SOUND, FL 33475

FEI Number: 45-0535301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, ABEL
11411 SE FEDERAL HWY
64
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SANCHEZ, ABE
Address: 11411 SE FEDERAL HWY, LOT 64
City-St-Zip: HOBE SOUND, FL 33455

Title: MGRM () Delete
Name: RIVERA, JESUS
Address: 8971 SE EAGLE AVE
City-St-Zip: HOBE SOUND, FL 33455

Title: MGRM () Delete
Name: SANCHEZ, CARLOS E
Address: 11411 SE FEDERAL HWY 64
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SANCHEZ, ABEL
Address: 11411 SE FEDERAL HWY, LOT 64
City-St-Zip: HOBE SOUND, FL 33455

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ABEL SANCHEZ

MGRM

01/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date