

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90139 005 ****55.00

20001947



01162006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000020405

1. Entity Name
ORTIZ LANDSCAPE SUPPLY, LLC



Principal Place of Business
**351 HORSE CLUB AVENUE
CLEWISTON, FL 33440 US**

Mailing Address
**351 HORSE CLUB AVENUE
CLEWISTON, FL 33440 US**

2. Principal Place of Business
406 HORSE CLUB AVE
Suite, Apt. #, etc.

3. Mailing Address
406 HORSE CLUB AVE
Suite, Apt. #, etc.

City & State
Clewiston FL

City & State
Clewiston FL

Zip
33440

Country
USA

Zip
33440

Country
USA

4. FEI Number
20-1766489

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**ORTIZ, RICARDO
351 HORSE CLUB AVENUE
CLEWISTON, FL 33440**

7. Name and Address of New Registered Agent
Name **ORTIZ, RICARDO**
Street Address (P.O. Box Number is Not Acceptable)
406 HORSE CLUB AVENUE
City **Clewiston** FL Zip Code **33440**

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 **1/16/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORTIZ, RICARDO 351 HORSE CLUB AVENUE CLEWISTON, FL 33440 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORTIZ, RICARDO 406 HORSE CLUB AVENUE CLEWISTON FL 33440 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORTIZ, MARIA 351 HORSE CLUB AVE CLEWISTON, FL 33440 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORTIZ, MARIA 406 HORSE CLUB AVE CLEWISTON FL 33440 <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
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

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: DATE **1/16/06** 863-228-4716

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