2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2005
Secretary of State

DOCUMENT# L04000028156

Entity Name: PICTURE PERFECT PLANT CARE, LLC

Current Principal Place of Business:

3629 EGERTON CIR.
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

3629 EGERTON CIR.
SARASOTA, FL 34233

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TROUP, TIFFANY N
3629 EGERTON CIR.
SARASOTA, FL 34233 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/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: TROUP, TIFFANY N
Address: 3629 EGERTON CIRCLE
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIFFANY N TROUP MGR 01/07/2005

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