


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90036 001 *****5.00
05-05-2006 90036 002 *****50.00

DOCUMENT # L04000040583	
1. Entity Name L. TROPICAL LANDSCAPING, L.L.C.	

DO NOT WRITE IN THIS SPACE

✓
30007189

2. Principal Place of Business 2426 NE 4th Ter.	3. Mailing Address 2426 NE 4th Ter.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Cape Coral, FL	City & State Cape Coral, FL	4. FEI Number 51-0510221	Applied For Not Applicable
Zip 33909	Country USA	Zip 33909	Country USA
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor
City MIAMI
State FL
Zip Code 33145

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM Dany's Zuniga 2426 NE 4th Ter. Cape Coral, FL 33909	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: **Dany's Zuniga** **4/27/06** **239-462-5621**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)