

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 18, 2005 8:00 am
Secretary of State

08-18-2005 90105 038 ****50.00

DOCUMENT # L04000042711

1. Entity Name

STELLAR PROFESSIONAL LANDSCAPE SERVICES, LLC



Principal Place of Business

817 OAK VISTA DR
SARASOTA FL 34238

Mailing Address

817 OAK VISTA DR
SARASOTA FL 34238

2. Principal Place of Business

1818 Parakeet Way
Suite, Apt. #, etc.
#1001

3. Mailing Address

1818 Parakeet Way
Suite, Apt. #, etc.
#1001

City & State

Sarasota FL

City & State

Sarasota FL

Zip 34232

Country USA

Zip 34232

Country USA

4. FEI Number

05-0613836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/04)



6. Name and Address of Current Registered Agent

KELLER, LAURA A
5050 CENTRAL SARASOTA PKWY
311
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when translating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME OLESEN, SCOTT W
STREET ADDRESS 5050 CENTRAL SARASOTA PKWY #311
CITY-ST-ZIP SARASOTA FL 34238
1818 Parakeet Way #1001

☐ Delete

TITLE MGRM
NAME ACEVEDO, JOSH
STREET ADDRESS 817 OAK VISTA DR
CITY-ST-ZIP SARASOTA FL 34238

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sarasota, FL 34232

☐ Change

☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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:

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

Date

Daytime Phone #

Scott W Olsen 7/20/05