


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90029 014 ****55.00

DOCUMENT # L04000042711		
1. Entity Name STELLAR PROFESSIONAL LANDSCAPE SERVICES, LLC		
Principal Place of Business 1818 PARAKEET WAY #1001 SARASOTA FL 34232		Mailing Address 1818 PARAKEET WAY #1001 SARASOTA FL 34232
2. Principal Place of Business - No P.O. Box # 2100 Constitution Blvd Suite, Apt. #, etc. 115		3. Mailing Address 2100 Constitution Blvd Suite, Apt. #, etc. 115
City & State Sarasota FL		City & State Sarasota FL
Zip 34231	Country USA	Zip 34231 Country USA



1st MOORE CR2E083 (10/06)

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 Kristen Stone Street Address (P.O. Box Number is Not Acceptable) 1643 Livingstone St City Sarasota FL Zip Code 34231	
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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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OLESEN, SCOTT W 1818 PARAKEET WAY #1001 SARASOTA FL 34232	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ACEVEDO, JOSH 817 OAK VISTA DR SARASOTA FL 34238	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Olesen, Scott, W 2100 Constitution Blvd, Suite 115 Sarasota, FL 34238	<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	MGRM Acevedo, Josh J 2100 Constitution Blvd Suite 115 Sarasota, FL 34231	<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
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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 Section 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:

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

Date

Daytime Phone #

3/27/07 941 923-8200