
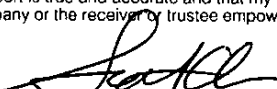


FILED
Sep 11, 2008 8:00 am
Secretary of State

30010334

DOCUMENT # L04000042711		09-11-2008 90025 017 ***138.75	
1. Entity Name STELLAR PROFESSIONAL LANDSCAPE SERVICES, LLC			
Principal Place of Business 2100 CONSTITUTION BLVD SUITE 115 SARASOTA, FL 34231		Mailing Address 2100 CONSTITUTION BLVD SUITE 115 SARASOTA, FL 34231	
2. Principal Place of Business - No P.O. Box # 3616 Webber Street		3. Mailing Address 3616 Webber Street	
Suite, Apt. #, etc. Suite 204		Suite, Apt. #, etc. Suite 204	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34232	Country Sarasota	Zip 34232	Country Sarasota
6. Name and Address of Current Registered Agent STONE, KRISTEN 1643 LIVINGSTONE ST SARASOTA, FL 34231		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLESEN, SCOTT W 2100 CONSTITUTION BLVD SUITE 115 SARASOTA, FL 34238 <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	MGRM ACEVEDO, JOSH J 2100 CONSTITUTION BLVD SUITE 115 SARASOTA, FL 34236 <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
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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 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: 		SIGNATURE: Scott Olesen, MGRM 9/6/2008 (941) 923-8200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	