

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000046867

1. Entity Name
RAMIREZ LANDSCAPING, LLC



Principal Place of Business
**236 POLK CITY RD
HAINES CITY, FL 33844**

Mailing Address
**P O BOX 784
DAVENPORT, FL 33836**

DO NOT WRITE IN THIS SPACE



01122007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1418193

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUBEN, RAMIREZ
236 POLK CITY RD.
HAINES CITY, FL 33844**

**DO NOT WRITE
IN THIS SPACE**

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 *Ruben Ramirez*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-12-07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000587484
01/17/07-80033-022 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RUBEN, RAMIREZ 236 POLK CITY RD. HAINES CITY, FL 33844 |
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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: *Ruben Ramirez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01-12-07

Date

Daytime Phone #