

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90116 033 ***138.75

DOCUMENT # L04000048959

1. Entity Name
DEVCON LIVINGSTON GREENS LLC



Principal Place of Business
**250 SOUTH CENTRAL BLVD.
SUITE 207
JUPITER, FL 33458**

Mailing Address
**250 SOUTH CENTRAL BLVD.
SUITE 207
JUPITER, FL 33458**

60023634



2. Principal Place of Business - No P.O. Box #

**601 Heritage Drive
Suite, Apt. #, etc.
113**

3. Mailing Address

**601 Heritage Drive
Suite, Apt. #, etc.
113**

03192008 Chg-LLC CR2E083 (12/06)

City & State

Jupiter FL

City & State

Jupiter, FL

4. FEI Number

20-1834352

Applied For

Not Applicable

Zip

33458

Country

USA

Zip

33458

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LABONTE, CHAD P
250 SOUTH CENTRAL BLVD.
SUITE 207
JUPITER, FL 33458**

7. Name and Address of New Registered Agent

Name

Chad P. LaBonte

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

601 Heritage Drive

Suite 113

City

Jupiter

FL

Zip Code

33458

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **LABONTE, CHAD P**
STREET ADDRESS **250 SOUTH CENTRAL BLVD. #207**
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **601 Heritage Dr., Ste 113**
CITY-ST-ZIP **Jupiter, FL 33458**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]

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

Date

3/20/08

Daytime Phone #

561.214.8123