

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000055544

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** LANDSCAPE DESIGN ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

702 SW PORT ST. LUCIE BLVD  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

10194 NE HWY 351  
OLD TOWN, FL 32680

**New Mailing Address:**

**FEI Number:** 27-0098349

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARCKS, SABINE  
10194 NE HWY 351  
OLD TOWN, FL 32680 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MARCKS, SABINE  
Address: 10194 NE HWY 351  
City-St-Zip: OLD TOWN, FL 32680

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: SABINE MARCKS

MGR

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date