

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062665

Entity Name: SANCHEZ LANDSCAPE, LLC

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

202 NW 133 ROAD
PLANTATION, FL 33325

New Principal Place of Business:

20511 SW 48TH PLACE
SOUTHWEST RANCHEZ, FL 33332

Current Mailing Address:

202 NW 133 ROAD
PLANTATION, FL 33325

New Mailing Address:

P.O. BOX 267234
WESTON, FL 33326

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, JUAN A
202 NW 133 ROAD
PLANTATION, FL 33325 US

Name and Address of New Registered Agent:

GONZALEZ, LUZ M
20511 SW 48TH PLACE
SOUTHWEST RANCHEZ, FL 33332 US

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: LUZ M GONZALEZ

04/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SANCHEZ, JUAN A
Address: 202 NW 133 ROAD
City-St-Zip: PLANTATION, FL 33325

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GONZALEZ, LUZ M
Address: 20511 SW 48TH PLACE
City-St-Zip: SOUTHWEST RANCHEZ, FL 33332

Title: MGRM () Change (X) Addition
Name: GONZALEZ, MARCO T
Address: 20511 SW 48TH PLACE
City-St-Zip: SOUTHWEST RANCHEZ, FL 33332

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: LUZ M GONZALEZ

MGRM

04/28/2005

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