

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90156 006 \*\*\*\*55.00

**DOCUMENT # L04000072962**

1. Entity Name  
**BEST LANDSCAPING LLC**



Principal Place of Business  
**8725 LAREDO STREET  
NAVARRE, FL 32566**

Mailing Address  
**8725 LAREDO STREET  
NAVARRE, FL 32566**

**20025795**



2. Principal Place of Business  
**2300 Andorra St**  
Suite, Apt. #, etc.

3. Mailing Address  
**2300 Andorra St**  
Suite, Apt. #, etc.

03042005 Chg-LLC CR2E083 (10/03)

City & State  
**Navarre FL**

City & State  
**Navarre FL 32566**

4. FEI Number  
**20-1736883**

Applied For  
Not Applicable

Zip  
**32566** Country  
**US**

Zip  
**FL** Country  
**US**

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEWIS, JASON A  
8725 LAREDO STREET  
NAVARRE, FL 32566**

Name  
**Bonnie Lewis**  
Street Address (P.O. Box Number is Not Acceptable)  
**2300 Andorra St**  
City  
**Navarre FL** Zip  
**32566**

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, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/23/05**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
LEWIS, JASON A  
8725 LAREDO STREET  
NAVARRE, FL 32566** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Bonnie Lewis  
2300 Andorra St  
Navarre FL 32566** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BAKER, COREY J  
1900 PRESIDIO STREET APT A  
NAVARRE, FL 32566** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
JASON LEWIS  
2300 Andorra St  
Navarre, FL 32566** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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☐ Delete

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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 606, Florida Statutes.

**SIGNATURE:**

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

**JASON LEWIS**

**3/23/05**

**939-7753**

DATE Daytime Phone #