

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000078698

1. Entity Name
OVIDIO'S LANDSCAPING AND DESIGN, L.L.C.



FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90097 036 ****50.00

Principal Place of Business
923 UPLAND ROAD
WEST PALM BEACH, FL 33401

Mailing Address
923 UPLAND ROAD
WEST PALM BEACH, FL 33401

2. Principal Place of Business *WPB*
923 UPLAND ROAD FL 33401

3. Mailing Address *12106 REGAL COURT*
WELLINGTON FL 33414

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242005 Chg-LLC CR2E083 (10/03)

City & State

WEST PALM BEACH FL

City & State

WELLINGTON FL

4. FEI Number

11-3744755

Applied For

Not Applicable

Zip
33401

Country
USA

Zip
33414

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, LINDA B
923 UPLAND ROAD
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name
GARCIA, LINDA

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

923 UPLAND ROAD

City
WEST PALM BEACH

FL

Zip Code
33401

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. *RETAINED*

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
GARCIA, LINDA B
923 UPLAND ROAD
WEST PALM BEACH, FL 33401

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
MUNGUIA, JOSE OVIDIO
923 UPLAND ROAD
WEST PALM BEACH, FL 33401

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

4-29-05 561641-0100