


FILED
May 25, 2007 8:00 am
Secretary of State

04-26-2007 90049 001 ****50.00
04-26-2007 90049 002 *****5.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

4/2
4/2

DOCUMENT # L04000078698			
1. Entity Name OVIDIO'S LANDSCAPING AND DESIGN, L.L.C.			
Principal Place of Business 7790 SHERATON CIRCLE BOYNTON BEACH, FL 33436-8746 US		Mailing Address 12106 REGAL COURT WELLINGTON, FL 33414 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1203 Sachem Head Ter	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Wellington	
Zip	Country	Zip	Country
		33414	USA
4. FEI Number 11-3744755		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent MUNGUIA, JOSE O 7790 SHERATON CIRCLE BOYNTON BEACH, FL 33436-8746		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUNGUIA, JOSE OVIDIO 7790 SHERATON CIRCLE BOYNTON BEACH, FL 334368746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR MUNGUIA, JOSE O MR 7790 SHERATON CIRCLE BOYNTON BEACH, FL 334368746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Jose Ovidio Munguia		Date: 4-23-07 Daytime Phone: 561-253-4998	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Jose Ovidio Munguia		Date: 5-18-07	



Karen Mohan-Bajath
My Commission DD298117
Expires April 10, 2008

Karen Mohan-Bajath

ATTACHMENT
30008882

May 21, 2007

To: Florida Department of State
Division of Corporations

RE: OVIDIO'S LANDSCAPING AND DESIGN, L.L.C.
REF NUMBER: L04000078698

I have attached the annual report/uniform business report which was returned by Flordia Division of Corporation because it was not signed. **However, this is the Manager of the limited liability company's signature!!** Even though his signature is printed, this is Legal Signature.

We had him sign again with a **notary present** on May 18, 2007.

If you should have additional questions or concerns, please call me at 561 635-5239
I handle his bookkeeping and affairs in reference to his Business.

Thank you,



Linda Garcia Styler