

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081587

FILED  
Jul 04, 2007  
Secretary of State

Entity Name: M&M LANDSCAPING, LLC.

## Current Principal Place of Business:

203 S. VOUGAINVILLEA AVENUE  
POLK CITY, FL 33868

## New Principal Place of Business:

203 S. BOUGAINVILLEA AVENUE  
POLK CITY, FL 33868

## Current Mailing Address:

203 S. VOUGAINVILLEA AVENUE  
POLK CITY, FL 33868

## New Mailing Address:

203 S. BOUGAINVILLEA AVENUE  
POLK CITY, FL 33868

FEI Number: 20-1869533      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

COFER, MICHAEL H  
203 S. VOUGAINVILLEA AVENUE  
POLK CITY, FL 33868      US

## Name and Address of New Registered Agent:

COFER, MICHAEL H  
203 S. BOUGAINVILLEA AVENUE  
POLK CITY, FL 33868      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:

07/04/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: COFER, MICHAEL H  
Address: 203 S. VOUGAINVILLEA AVENUE  
City-St-Zip: POLK CITY, FL 33868

## ADDITIONS/CHANGES:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MIKE COFER

OWNE

07/04/2007

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