

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90082 024 \*\*\*\*50.00

**DOCUMENT # L05000004213**

1. Entity Name  
**POLIVKA LANDSCAPING, LLC**



Principal Place of Business  
**2845 NE 9TH STREET  
SUITE 1202  
FORT LAUDERDALE, FL 33304 US**

Mailing Address  
**2845 NE 9TH STREET  
SUITE 1202  
FORT LAUDERDALE, FL 33304 US**



2. Principal Place of Business  
**1835 SE 4TH AVE**

Suite, Apt. #, etc.

3. Mailing Address  
**1835 SE 4TH AVE**

Suite, Apt. #, etc.

07032006 Chg-LLC CR2E083 (11/05)

City & State  
**FORT LAUDERDALE, FL**

Zip  
**33316**

Country  
**BROWARD**

City & State  
**FORT LAUDERDALE, FL**

Zip  
**33316**

Country  
**BROWARD**

4. FEI Number  
**43-2072246**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**POLIVKA, BASIL A  
1835 SE 4TH AVENUE  
FORT LAUDERDALE, FL 33316-1017**

7. Name and Address of New Registered Agent

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
POLIVKA, BASIL A  
2845 NE 9TH STREET, SUITE 1202  
FORT LAUDERDALE, FL 33304** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1835 SE 4TH AVE.  
FORT LAUDERDALE, FL 33316** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ 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:** [Signature] **MGRM**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-17-06  
Date Daytime Phone #