

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026039

**FILED**  
**Mar 20, 2007**  
**Secretary of State**

**Entity Name:** SNELLGROVE'S LANDSCAPING, LLC

**Current Principal Place of Business:**

6444 CYPRESS ST.  
MILTON, FL 32570 US

**New Principal Place of Business:**

5816 PEBBLE RIDGE DR.  
MILTON, FL 32583 US

**Current Mailing Address:**

6444 CYPRESS ST.  
MILTON, FL 32570 US

**New Mailing Address:**

5816 PEBBLE RIDGE DR.  
MILTON, FL 32583 US

**FEI Number:** 14-1927726

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SNELLGROVE, MICHAEL B  
6444 CYPRESS ST.  
MILTON, FL 32570 US

**Name and Address of New Registered Agent:**

SNELLGROVE, MICHAEL B  
5816 PEBBLE RIDGE DR.  
MILTON, FL 32583 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:**

03/20/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SNELLGROVE, MICHAEL B  
Address: 6444 CYPRESS ST.  
City-St-Zip: MILTON, FL 32570 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SNELLGROVE, MICHAEL B  
Address: 5816 PEBBLE RIDGE DR.  
City-St-Zip: MILTON, FL 32583 US

I hereby certify that the information supplied with this filing does not qualify for the 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:** MICHAEL SNELLGROVE

MGRM

03/20/2007

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