## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000047236 1. Entity Name FLETCHER'S LANDSCAPE SERVICES, L.L.C.



FILED Aug 28, 2007 08:00 AM Secretary of State

Principal Place of Business

4458 KATHY AVENUE Naples, FL 34104 Mailing Address

4458 KATHY AVENUE NAPLES, FL 34104



07092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 52-2055372

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, JEFF 4458 KATHY AVENUE NAPLES, FL 34104

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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_	Signature, typed or printed r	FLETCHER arms of registered agent and title if applicable.	OWNER (NOTE: Registered Ag	8-22-07 Jent signature required when reinstating)  DATE
Filing Fee is \$50.00 Due by September 14, 2007				
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLETCHER, JEF 4458 KATHY AVI NAPLES, FL 34	ENUE		08/28/07-80001-021 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET AODRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filling 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.				