2006 LIMITED LIABILITY COMPANY

Jan 10, 2006 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # L05000049348 01-10-2006 90042 008 ****50.00 LONG LANDSCAPE SERVICE, LLC Principal Place of Business Mailing Address 40000704 108 HARBOR WAY 108 HARBOR WAY AUBURNDALE, FL 33823 AUBURNDALE, FL 33823 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-2869841) Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LONG, RICHARD A 108 HARBOR WAY Street Address (P.O. Box Number is Not Acceptable) AUBURNDALE, FL 33823 City Zip Code FL 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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR THILE TITLE ☐ Delete Change __ Addition LONG, RICHARD A NAME NAME 108 HARBOR WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE, FL 33823 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change = ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Delete

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

BER, MANAGER, O AUTHORIZED REPRESENTATIVE

Change

Addition

FILED