2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L05000055165

Entity Name: CARLEY LANDSCAPING, LLC

Current Principal Place of Business:

931 VILLAGE BLVD.
STE 905-95
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

931 VILLAGE BLVD.
STE 905-95
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 20-2991176 **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:

ORBIGOSO, FE M
6044 HEATHER ST
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

ORBIGOSO, FE M CPA
6145 UNGERER ST.
JUPITER, FL 33458 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: FE M. ORBIGOSO 05/01/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CARLEY, ALBERT C
Address: 931 VILLAGE BLVD. STE 905-95
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGRM ( ) Delete
Name: CARLEY, CARMEN J
Address: 931 VILLAGE BLVD STE 905-95
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES:

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

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: ALBERT C. CARLEY MGR 05/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date