

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056294

FILED
Apr 29, 2008
Secretary of State

Entity Name: GREEN PLANT-IT LANDSCAPING & IRRIGATION, LLC

Current Principal Place of Business:

4519 HARDAWAY HWY.
CHATTAHOOCHEE, FL 32324 US

New Principal Place of Business:

Current Mailing Address:

4519 HARDAWAY HWY.
CHATTAHOOCHEE, FL 32324 US

New Mailing Address:

FEI Number: 20-2969938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HICKS, LAURIEL P
4519 HARDAWAY HWY.
CHATTAHOOCHEE, FL 32324 US

Name and Address of New Registered Agent:

HICKS, EWELL J
4519 HARDAWAY HWY.
CHATTAHOOCHEE, FL 32324 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: EWELL JAY HICKS

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HICKS, LAURIEL P
Address: 4519 HARDAWAY HWY.
City-St-Zip: CHATTAHOOCHEE, FL 32324 US

Title: MGRM () Delete
Name: HICKS, JAY
Address: 4519 HARDAWAY HWY.
City-St-Zip: CHATTAHOOCHEE, FL 32324 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HICKS, EWELL J
Address: 4519 HARDAWAY HWY.
City-St-Zip: CHATTAHOOCHEE, FL 32324 US

Title: MGR (X) Change () Addition
Name: HICKS, LAURIEL P
Address: 4519 HARDAWAY HWY.
City-St-Zip: CHATTAHOOCHEE, FL 32324 US

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: EWELL JAY HICKS

MGRM

04/29/2008

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