

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90033 040 ***138.75

DOCUMENT # L05000078358

1. Entity Name
JMC LANDSCAPING & MAINTENANCE SERVICE, LLC



Principal Place of Business
6504 SECREST CT
TAMPA, FL 33625 US

Mailing Address
P.O. BOX 262963
TAMPA, FL 33685-2963 US



2. Principal Place of Business / No P.O. Box #
8601 HAMMOCK CT

3. Mailing Address
 Suite, Apt. #, etc.

04272008 Chg-LLC CR2E083 (12/06)

City & State
TAMPA, FL

City & State

Zip
33634 Country
US

4. FEI Number
20-3205651

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
CRESPO-MENDEZ, JUAN M
~~**6504 SECREST CT**~~
~~**TAMPA, FL 33625**~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
8601 HAMMOCK CT
 City
TAMPA FL Zip Code
33634

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRESPO-MENDEZ, JUAN M 6504 SECREST CT TAMPA, FL 33625 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 8601 HAMMOCK CT TAMPA, FL 33634
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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ **4/28/08** **813-870-1440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #