

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2008 90033 040 \*\*\*138.75

<b>DOCUMENT # L05000078358</b>					
<b>1. Entity Name</b> JMC LANDSCAPING & MAINTENANCE SERVICE, LLC					
<b>Principal Place of Business</b> 6504 SECREST CT TAMPA, FL 33625 US			<b>Mailing Address</b> P.O. BOX 262963 TAMPA, FL 33685-2963 US		
<b>2. Principal Place of Business / No P.O. Box #</b> 8601 HAMMOCK CT		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> TAMPA, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-3205651	
<b>Zip</b> 33634		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CRESPO-MENDEZ, JUAN M <del>6504 SECREST CT</del> <del>TAMPA, FL 33625</del>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 8601 HAMMOCK CT City TAMPA FL Zip Code 33634		
<b>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.</b> SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRESPO-MENDEZ, JUAN M <del>6504 SECREST CT</del> <del>TAMPA, FL 33625</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8601 HAMMOCK CT TAMPA, FL 33634	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____			4/28/08		813-870-1440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #