


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 08:00 A
Secretary of State

| | |
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| DOCUMENT # L05000080617 |  |
| 1. Entity Name DOUBLE R LANDSCAPE & LAWN MAINTENANCE LLC | |

| | |
|---|---|
| Principal Place of Business 12609 53RD N. WEST PALM BEACH, FL 33411 | Mailing Address 12609 53RD N. WEST PALM BEACH, FL 33411 |
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DO NOT WRITE IN THIS SPACE



01112008No Chg-LLC CR2E083 (12/07)

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|------------------------------------|-------------------------------|
| 4. FEI Number 14-1880312 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent |
| RODRIGUEZ, ROBERT 12609 53RD N. WEST PALM BEACH, FL 33411 |

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

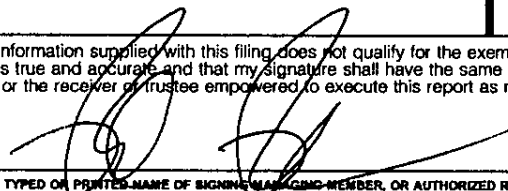
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000804397
 02/05/08-80067-010 138.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RODRIGUEZ, ROBERT 12609 53RD N. WEST PALM BEACH, FL 33411 |
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____